

PREA Facility Audit Report: Final

Name of Facility: DART Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/19/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Paul Perry	Date of Signature: 01/19/2022

AUDITOR INFORMATION	
Auditor name:	Perry, Paul
Email:	paul.perry@carolinedf.org
Start Date of On-Site Audit:	11/17/2021
End Date of On-Site Audit:	11/18/2021

FACILITY INFORMATION	
Facility name:	DART Center
Facility physical address:	1302 West Ash Street, Goldsboro, North Carolina - 27530
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	William Goodman
Email Address:	william.goodman@ncdps.gov
Telephone Number:	919-731-7934

Facility Director	
Name:	William Goodman
Email Address:	william.goodman@ncdps.gov
Telephone Number:	919-731-7934

Facility PREA Compliance Manager	
Name:	Claudia King
Email Address:	claudia.king@ncdps.gov
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	300
Current population of facility:	87
Average daily population for the past 12 months:	75
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-80
Facility security levels/resident custody levels:	N/A
Number of staff currently employed at the facility who may have contact with residents:	81
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	North Carolina Department of Public Safety
Governing authority or parent agency (if applicable):	
Physical Address:	512 North Salisbury Street, Raleigh, North Carolina - 27604
Mailing Address:	
Telephone number:	9197332126

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Charlotte Jordan-Williams	Email Address:	charlotte.williams@ncdps.gov
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SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

1	<ul style="list-style-type: none"> • 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
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Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-11-17
2. End date of the onsite portion of the audit:	2021-11-18

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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AUDITED FACILITY INFORMATION

14. Designated facility capacity:	300
15. Average daily population for the past 12 months:	75
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	83
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	79
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	5
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The facility does not use volunteers.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The Auditor utilized a population roster to ensure a wide range of offenders were considered for interviews.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>8</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>While interviewing random and specialized staff the Auditor asked each if they were aware of any residents who did not speak English or who were physically disabled. The Auditor asked residents if they were aware of any other residents who were physically disabled or who did not speak English. While touring the facility the Auditor did not see any residents who appeared to be physically disabled.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>While interviewing random and specialized staff the Auditor asked each if they were aware of any residents who were blind or had low vision. While interviewing residents the Auditor asked each if they were aware of any residents who were blind or had low vision.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>While interviewing random and specialized staff the Auditor asked each if they were aware of any residents who were deaf or hard-of-hearing. While interviewing residents the Auditor asked each if they were aware of any residents who were deaf or hard-of-hearing.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>While interviewing random and specialized staff the Auditor asked each if they were aware of any residents who were Limited English Proficient. While interviewing residents the Auditor asked each if they were aware of any residents who were Limited English Proficient.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor asked the facility Investigator and other staff if they were aware of any resident who filed an allegation of sexual abuse in the facility during the previous 12 months. The Auditor asked each randomly selected and specifically targeted resident if they had filed an allegation of sexual abuse in the facility. The Auditor reviewed the investigative tracking mechanism.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not have a segregated housing unit.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>In addition to other targeted populations, the Auditor interviewed three residents who had criminal histories that included acts of sexual abuse.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>13</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>I randomly selected male and female staff.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The Auditor was unable to consider race or ethnicity when randomly selecting staff as race was not captured on the shift rosters.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>10</p>

<p>76. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the Agency Head:</p>	<p>The agency head has been interviewed by another Auditor during this audit cycle. The Auditor was provided a copy of the interview notes.</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the PREA Coordinator:</p>	<p>The PREA Coordinator has been interviewed by another Auditor during this audit cycle. The Auditor was provided a copy of the interview notes.</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>2</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<p>84. Did you have access to all areas of the facility?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

<p>85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The Auditor chose not to conduct informal interviews with residents or staff to mitigate the risk of COVID-19.</p>

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The Auditor reviewed the records of each resident, staff and contractor selected for interviews.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility received no allegations of sexual abuse in the previous 12 months.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1

107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
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Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
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109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
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110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
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Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
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112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
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113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
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114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility received no allegations of sexual abuse or sexual harassment during the previous 12 months. The Auditor reviewed one allegation of resident-on-resident sexual harassment that was made outside the previous 12 months.
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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<p>Identify the name of the third-party auditing entity</p>	<p>DX Consultants, LLC.</p>
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Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="240 147 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1481 465">The North Carolina Department of Public Safety has an established policy that the department "...is committed to a standard of zero-tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers, or by offenders. Therefore, it is the policy of Prisons to provide a safe, humane and appropriately secure environment, free from the threat of sexual abuse and sexual harassment for all offenders, by maintaining a program of prevention, detection, response, investigation, prosecution and tracking." The agency policy includes its prevention, detection, reporting and response strategies. The Prison Rape Elimination Act policy includes definitions of the following:</p> <ul data-bbox="284 517 1015 645" style="list-style-type: none"> • Sexual abuse of an offender by another offender • Sexual abuse of an offender by a staff member, contractor or volunteer • Voyeurism • Sexual harassment <p data-bbox="240 674 1489 768">The Auditor observed the agency has included its approach towards prevention, detection and response towards incidents of sexual abuse and sexual harassment. The following, but not limited to, prevention, detection and response techniques were observed in the agency's Offender Sexual Abuse and Sexual Harassment policy:</p> <ul data-bbox="284 819 1193 1317" style="list-style-type: none"> • Employee Training • Volunteer, Custodial Agents, Contractors and Other Persons Providing Services Training • Specialized Training • Offender Education • Screening for Risk of Victimization and Abusiveness • Medical and Mental Health Screening • Use of Screening Information • Protective Custody • Reporting and Investigating • Victim Support • Retaliation Monitoring • Victim Notifications • Post Incident Reviews • Disciplinary Sanctions • Record Retention and Data Collection <p data-bbox="240 1346 1453 1408">The agency's policy includes disciplinary sanctions for staff, Volunteers/Contracting Agents, and offenders. Both the facility and agency make termination the presumptive disciplinary sanction for engaging in an act of sexual abuse.</p> <p data-bbox="240 1438 1485 1563">The agency's policy defines the PREA Compliance Manager as, "A designated employee, at each facility, with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards." Each Facility Head is responsible for designating a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards.</p> <p data-bbox="240 1592 1473 1686">The Dart Center has designated a Substance Abuse Program Coordinator responsible for duties of the PREA Compliance Manager. The Compliance Manager reports all PREA related information and compliance issues directly to the Facility Manager.</p> <p data-bbox="240 1715 488 1742">Evidence Relied Upon:</p> <p data-bbox="240 1771 1110 1798">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment Policy, pg. 1-32</p> <p data-bbox="240 1827 1137 1854">Facility Policy - .1200 Community-Based Facility Sexual Abuse and Harassment, pg. 1-22</p> <p data-bbox="240 1883 536 1910">Agency Organizational Chart</p> <p data-bbox="240 1939 528 1966">Facility Organizational Chart</p> <p data-bbox="240 1995 667 2022">Sexual Abuse Awareness for the Offender</p> <p data-bbox="240 2051 448 2078">Interviews with Staff</p> <p data-bbox="240 2107 499 2134">Interviews with Residents</p>

Analysis/Reasoning:

The Auditor conducted a review of the North Carolina Department of Public Safety policy. The Auditor observed the policy includes the prevention, detection and response approaches towards sexual abuse and sexual harassment of offenders. The policy has definitions of sexual abuse, voyeurism and sexual harassment. The agency policy includes sanctions for staff, contractors, volunteers and custodial agents found to have violated the sexual abuse and sexual harassment policies and procedures. The NCDPS has a clear policy that mandates a zero tolerance towards sexual abuse and sexual harassment. The Dart Center has a policy that states, " The North Carolina Department of Public Safety/Division of Adult Correction/Prisons and the Alcoholism and Chemical Dependency Program Section is committed to a standard of zero-tolerance of sexual abuse and/or sexual harassment toward residents, either by staff, contract persons/agencies, volunteers, or by other residents. " The facility policy includes definitions of:

- Sexual abuse of a resident by another resident
- Sexual abuse of a resident by a staff member, contractor or volunteer
- Sexual Harassment

The facility's policy includes its prevention, detection and response approaches. The approaches towards the prevention, detection and response to sexual abuse and sexual harassment included in the policy mirror the agency's approaches.

Each resident is provided the agency's Sexual Abuse Awareness for the Offender brochure. The brochure informs residents the agency has a zero-tolerance for sexual abuse. The brochure stipulates, "The Department of Public Safety has zero-tolerance for behavior with an offender that is unduly familiar or sexually abusive. Departmental staff, correctional agents, agency vendors and volunteers are strictly prohibited from engaging in personal dealings or any conduct of a sexual nature with offenders. Sexual acts between an offender and departmental staff, correctional agents, agency vendors and volunteers violates the federal Prison Rape Elimination Act of 2003 (PREA) and is punishable as a Class E felony in North Carolina."

The Auditor reviewed the agency's organizational chart. The NCDPS has an Organizational Chart that outlines the position of the PREA Coordinator. The PREA Coordinator is listed under the Professional Standards, Policy and Planning. The PREA Coordinator reports directly to the Chief Deputy Secretary of Professional Standards, Policy and Planning. The PREA Coordinator is displayed as two positions below the Secretary of the North Carolina Department of Public Safety. Each agency facility is required to appoint a PREA Compliance Manager to oversee PREA efforts in their assigned facility. The Dart Center appointed a Substance Abuse Program Coordinator as the PREA Compliance Manager. The PREA Compliance Manager reports directly to the Facility Manager and is assisted by the Regional PREA Program Analyst.

The NCDPS has appointed three PREA Program Analysts to assist with PREA compliance in their assigned region. The facility's PREA Compliance Manager reports PREA related concerns, issues and questions to the PREA Program Analyst. The Auditor discussed the PREA Compliance Manager's ability to develop, implement and oversee facility PREA efforts. The Auditor determined the PREA Compliance Manager has sufficient time and authority to oversee agency efforts to ensure compliance at the facility. The PREA Compliance Manager is knowledgeable about the facility and requirements of the Prison Rape Elimination Act. The PREA Coordinator and PREA Program Analyst have sufficient time, authority and effort to manage the North Carolina Department of Public Safety's compliance with the Prison Rape Elimination Act standards.

The facility's PREA Compliance Manager is employed at a level to enact change regarding PREA related compliance. The PREA Compliance Manager reports directly to the Facility Manager (Head of Facility) concerning anything related to the facility's sexual abuse and sexual harassment prevention, detection and response efforts. The Facility Manager designated the primary PREA Compliance Manager and an alternate PREA Compliance Manager. Both are designated on the facility's organizational chart.

The Auditor conducted formal interviews with residents. Interviews revealed the resident population was able to articulate information to the Auditor based on the agency's education efforts. The population interviewed stated they have received an education and was provided written information upon arrival at the Dart Center. Each resident informed the Auditor staff are responsive to the population. Each resident was asked if he felt safe in the facility. Each stated they feel safe in the facility. Residents understand their rights and how to report allegations of sexually abuse and sexually harassment.

The Auditor conducted formal interviews with randomly selected staff. The Auditor determined the facility's staff had been educated and retained the knowledge provided through agency training. Each staff member understands the agency's policies and procedures for preventing, detecting and responding to sexual abuse and sexual harassment. Each staff member has been trained within the previous 12 months. The agency trains its staff on an annual basis. Staff informed the Auditor they receive additional PREA training between their required annual PREA trainings.

The agency's leadership supports subordinate staff efforts and ideas towards compliance with the Prison Rape Elimination Act. The command staff maintain an "open door" policy. Staff interviewed by the Auditor felt confident they could discuss any

issue with the command staff. The facility's command staff are required to conduct and document regular unannounced tours throughout all facility areas.

Conclusion:

The Auditor conducted a review of agency and facility policies, procedures, organizational charts and conducted interviews with staff and offenders. The Auditor determined the North Carolina Department of Public Safety has developed an appropriate zero-tolerance policy that includes its prevention, detection and response approaches towards allegations of sexual abuse and sexual harassment. The agency has designated appropriate staff members that have sufficient time, authority and effort to develop, implement and oversee PREA efforts. The Dart Center has successfully created a zero-tolerance culture in the facility. Though not required, the agency employs three PREA Program Analysts to supervise PREA compliance in their assigned region. The facility has designated a primary and alternate PREA Compliance Manager. The Auditor determined the NCDPS exceeds the requirements of this standard.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1485 398">The agency has a policy that requires contracts be modified to include language reflecting the NCDPS's commitment to a zero-tolerance of sexual abuse and sexual harassment, the contract person's duty to report any allegations of offender sexual abuse or sexual harassment and the obligation to adopt and comply with PREA standards. The NCDPS requires new contracts and contract renewals provide for contract monitoring to ensure the contractor is complying with PREA standards.</p> <p data-bbox="242 432 488 456">Evidence Relied Upon:</p> <p data-bbox="242 488 1075 512">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment Policy, pg. 8</p> <p data-bbox="242 544 446 568">Interviews with Staff</p> <p data-bbox="242 602 464 627">Analysis/Reasoning:</p> <p data-bbox="242 658 1431 786">At the time of the audit the Dart Center reported the facility does not contract for the confinement of facility offenders. Facility personnel reported the agency does not contract for the confinement of agency offenders with another governmental or private agency.</p> <p data-bbox="242 817 1445 878">Interviews with staff reveal no staff member is aware of a contract for another agency to house offenders on behalf of the North Carolina Department of Public Safety.</p> <p data-bbox="242 909 1473 1001">The agency currently has a policy in place that would require appropriate language in any new contract in the event the agency contracts for the confinement of agency offenders. The policy stipulates the contract will be monitored to ensure the contracting agency complies with the PREA Standards.</p> <p data-bbox="242 1032 373 1057">Conclusion:</p> <p data-bbox="242 1088 1442 1180">The Auditor reviewed agency policies and interviewed staff. Although the agency does not currently contract for the confinement of its offenders, the agency has appropriate policies in place. The Auditor determined the agency meets the requirements of this standard.</p>

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The North Carolina Department of Public Safety has a policy that requires each facility it operates develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect offenders against sexual abuse and sexual harassment. Agency policy requires the following considerations when determining staffing levels and video monitoring needs:</p> <ul style="list-style-type: none"> • Generally accepted correctional practices; • Any judicial findings of inadequacy; • Any findings of inadequacy from Federal investigative agencies; • Any findings of inadequacy from internal or external oversight bodies; • All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); • The composition of the inmate population; • The number and placement of supervisory staff; • Institutional programs occurring on a particular shift; • Any applicable State or local laws, regulations, or standards; • The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and • Any other relevant factors. <p>Policy requires when circumstances arise where the staffing plan is not complied with, the facility must document and justify all deviations from the facility's staffing plan. Each facility is required to conduct an annual review of its staffing plan. The annual staffing plan review is conducted to assess, determine, and document whether adjustments are needed to:</p> <ul style="list-style-type: none"> • The facility's staffing plan; • The facility's deployment of video monitoring systems and other monitoring technologies; and • The resources the facility has available to commit to ensure adherence to the staffing plan. <p>Agency policy requires each facility implement a policy and practice for Facility Heads and/or the Facility Assistants to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds are required to be made on all shifts. Agency policy prohibits any staff member from alerting other staff that a supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment, unless the round is related to the legitimate operational functions of the facility.</p> <p>North Carolina General Statute 143B-709 Security Staffing stipulates, " (a) The Division of Adult Correction of the Department of Public Safety shall conduct: (1) On-site post audits of every prison at least once every three years; (2) Regular audits of post audit charts through the automated post audit system; and (3) Other staffing audits as necessary. (b) The Division of Adult Correction of the Department of Public Safety shall update the security staffing relief formula at least every three years. Each update shall include a review of all annual training requirements for security staff to determine which of these requirements should be mandatory and the appropriate frequency of the training. The Division shall survey other states to determine which states use a vacancy factor in their staffing relief formulas."</p> <p>The agency's Management of Security Posts policy mirrors the requirement of the North Carolina General Statute 143B-709 Security Staffing.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .1600 Management of Security Posts, pg. 1-20</p> <p>Facility Policy - .0200 PREA, pg. 1</p> <p>North Carolina General Statute 143B-709 Security Staffing</p> <p>Duty Rosters</p> <p>Dart Center Staffing Plan</p> <p>Annual Staffing Analysis</p> <p>Unannounced Rounds Log</p> <p>Interviews with Staff</p>

Observations

Analysis/Reasoning:

The Auditor reviewed the Dart Center staffing plan. The plan is developed to ensure appropriate staffing levels are determined in the facility. The most recent plan includes 83 full time staff to cover facility posts. There are 76 non-security and 7 security positions dedicated at the facility. At the time of the audit the facility had 4 vacant non-security positions.

The Auditor determined the following staff to resident ratio based on the designed capacity of the facility and the total positions:

- 1 staff member for every 3.6 residents

The following denotes the staff to resident ratio utilizing the current number of residents and current number of staff:

- 1 staff member for every 1 resident

The staffing plan reviewed by the Auditor includes provisions for administrative, support and security positions on all shifts in each facility area. The facility utilizes overtime to ensure vacant positions are filled for each shift when needed. The facility's staffing level was maintained at 5% below capacity at the time of the audit.

The Dart Center utilizes Substance Abuse Workers (SAW) to supervise residents in housing units. SAWs are assigned to one of three shifts. The duration of each shift is 8 hours. The facility utilizes overtime to fill vacant positions, when appropriate. The Auditor reviewed a sampling of rosters from the previous 12 months. The facility documents daily staff vacancies on rosters to account for vacancies. The facility documents staff working overtime to fill vacant positions.

The Auditor reviewed the Dart Center annual staffing analysis. The most recent staffing analysis was conducted on January 8, 2021. The PREA Compliance Manager participated in the annual staffing analysis. A memorandum regarding the analysis was prepared by the Facility Head and sent to the agency section chief. The Dart Center staffing analysis includes considerations of the bulleted topics in the "Auditor Discussion" portion of this standard. The facility did not document any deviations from the staffing plan as the facility reported no deviations from the plan.

The Auditor conducted a formal interview with the Facility Manager. The Auditor asked the Facility Manager to explain the considerations when determining appropriate levels of staffing for the facility. The Auditor received responses that confirm the Facility Manager

participates in the post audit review and considers the bulleted items above when conducting the review. The Facility Manager

explained the agency implements a post audit review every two years to review the level of staff needed to cover all posts. When asked how the facility documents the reason for non-compliance with the staffing plan, the Auditor was informed the Officer-in-Charge documents the reason on daily rosters. The Auditor asked the Facility Manager who participates in the Post Audit review. The Facility Manager informed the Auditor the region conducts the review in conjunction with facility personnel.

The Facility Manager informed the Auditor the PREA Office conducts the facility's annual staffing plan analysis.

The Auditor reviewed a sampling of Dart Center unannounced rounds documented in rounds logs. The sampling covered each shift from the previous 12 months prior to the audit. Supervisory level staff conduct unannounced rounds through all facility areas. Unannounced rounds are documented in a log that include date and time. The Auditor observed unannounced rounds are occurring on each shift at various times throughout the shift.

While touring the facility the Auditor observed staff making security rounds in housing units and support areas of the facility. Staff were present in all areas toured by the Auditor. Staff were observed interacting with the resident population. The Auditor observed camera placements throughout the facility. Cameras have been strategically placed throughout the facility to monitor resident activity.

The Auditor conducted formal interviews with staff from various shifts (day and night). Staff were asked if supervisors conduct unannounced rounds throughout the facility. Each staff member stated supervisors do make unannounced rounds throughout the facility. Supervisors were asked if they were required to make unannounced rounds. The Auditor was informed they are required to make at least one unannounced round in all facility areas and on each shift. Each supervisor was asked how they prevent staff from alerting other staff when they are making unannounced rounds. The Auditor was informed supervisors do not conduct their rounds at the same time or take the same route so they do not establish a pattern.

Supervisory level personnel were asked what actions they take if discovering a staff member was caught alerting other staff when

supervisors are conducting unannounced rounds. Supervisors stated they would verbally counsel the staff member about the importance of the unannounced round. Each was asked what they would do if they caught the person a second time. Supervisors stated they would recommend formal discipline for the staff member. The Auditor conducted formal interviews with residents. The Auditor observed the facility has a policy requiring intermediate level or higher-level supervisors conduct and document unannounced rounds in the facility. The policy requires the inspections for the purpose of identifying and deterring staff sexual abuse and sexual harassment.

The Auditor conducted formal interviews with residents. Residents were asked if staff are present in their housing units and other service areas in the facility. Residents informed the Auditor staff are present in all facility areas. The Auditor was informed residents see higher-level staff frequently touring the facility.

The facility was not under a consent decree, a judicial finding of inadequacy, or a finding of inadequacy from a federal, internal, or external oversight body at the time of the audit.

Conclusion:

The Auditor concluded the facility has an adequate staffing plan to ensure the protection of residents from sexual abuse. The staffing plan is reviewed in accordance with this standard. The Auditor reviewed policies, procedures, staffing plan, staffing analysis, staff rosters, interviewed staff, residents and made observations to determine the facility meets the requirements of this standard.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The NCDPS has a policy that prohibits cross-gender strip searches and cross-gender visual body cavity searches except in emergency circumstances as determined by the shift supervisor. Body cavity searches may only be performed by medical personnel of the Division of Prisons in a medical setting pursuant to procedures in the agency's Health Care Procedures Manual. Policy prohibits cross-gender pat-down and strip searches of female offenders by male security staff except in emergency circumstances as determined by the shift supervisor. Policy requires searching staff to complete and submit an Incident Report after conducting a cross-gender search of an offender. The NCDPS permits female security staff to conduct cross-gender pat-down searches of male offenders. The facility's Standard Operating Procedures mirror the agency policy.</p> <p>Agency policy requires staff to act reasonably and professionally and employ a "common sense approach." Staff are required to assure offenders are not unnecessarily embarrassed or humiliated. Policy requires staff consider the physical layout of the facility and characteristics of a transgender offender to adjust conditions of the visual search for the offender's privacy. Staff are required to conduct searches of transgender offenders in a manner that limits cross-gender viewing for the offender's privacy. Staff are prohibited from conducting a search for the purpose of determining a person's genital status.</p> <p>The NCDPS Evaluation & Management Transgender Offenders policy lists approved items for routine accomodation. The Auditor observed "Private showering" is included in the list of approved items. NCDPS policy stipulates offenders will not be supervised by officers of the opposite gender while offenders are showering or in the toilet area unless appropriate privacy screening is provided to obscure from view the breasts of female offenders and the genitalia and buttocks of both male and female offenders.</p> <p>The facility's policy includes a provision that allows offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The facility and agency policies require staff of the opposite gender announce their presence when entering a housing unit.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .1609 Gender Specific Posts, pg. 16-17</p> <p>Agency Policy - .0100 Operational Searches, pg. 1-2</p> <p>Agency Policy - .2700 Evaluation & Management Transgender Offenders, pg. 2, 5</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 14</p> <p>Facility SOP - .0200 PREA, pg. 1-2</p> <p>Facility SOP - .1200 Community-Based Facility Sexual Abuse and Harassment, pg. 5</p> <p>Lesson Plan</p> <p>Training Records</p> <p>Interviews with Staff</p> <p>Interviews with Residents</p> <p>Observations</p> <p>Analysis/Reasoning:</p> <p>The Dart Cherry houses male residents. The Auditor conducted formal interviews with residents. Residents were asked if they had been strip searched by a female staff member. None had been strip searched by a female staff member. Each was asked if a female officer had ever been present during a strip search. None had ever witnessed the presence of a female officer during a strip search. Staff and residents informed the Auditor only Parole Officers are authorized to conduct searches of residents. Female Parole Officers are authorized to conduct pat searches of male residents. No resident interviewed by the Auditor had been strip searched at the facility.</p> <p>Interviews with residents reveal they can take a shower, change clothes and use the restroom without staff of the opposite gender seeing their buttocks or genitalia, unless incidental to a routine security round. Residents informed the Auditor staff of the opposite gender announce their presence when entering housing units. The Auditor conducted formal</p>

interviews with male and female staff members. Each staff member was asked if opposite gender announcements were being made in the housing units. Each staff member informed the Auditor opposite gender announcements are being made when entering opposite gender housing units. The Auditor encountered male and female staff who stated opposite gender announcements are being made.

The Auditor conducted formal interviews with personnel responsible for conducting searches upon arrival. Each staff member was asked how a transgender resident is strip searched or pat searched when arriving. The Auditor was informed no residents are strip searched upon their arrival. Parole Officers conduct pat searches of residents during their arrival. Female Parole Officers conduct the pat search of a transgender resident. Staff were asked how showers for transgender and intersex residents are conducted. The Auditor was informed the resident showers alone in an individual shower on the first floor. Other residents are not authorized to use the first floor shower. Facility staff were asked what they would do if they could not determine the genital status of a resident. The Auditor was informed they would ask the resident, review supporting documents, and if need be, call medical personnel to make the determination.

Parole Officers were asked if they had been trained to conduct pat-searches of transgender and intersex residents. Staff had been provided such training. Staff were asked if they would conduct a strip search of a resident if they could not determine the resident's sex. Each staff member stated they would not conduct a strip-search of a resident for the sole purpose of determining the resident's gender. The Auditor was informed they would contact medical personnel if they were unsure of the resident's gender.

The Auditor reviewed the agency's training curriculum and training attendance rosters. The curriculum includes procedures how to conduct searches of transgender and intersex residents and how to communicate with those residents professionally. Training attendance rosters reveal staff had attended an initial training to conduct searches, including cross-gender searches, and attended training annually thereafter. New employees receive the training during their initial orientation and in the agency's training academy. The Auditor reviewed the training records of facility staff. Each Parole Officer had been provided the training.

The agency has a policy for the management of transgender offenders. The policy requires a Facility Transgender Accommodation Review Committee (FTARC) to make routine accommodation determinations for transgender offenders based on clinical evaluations, historical documents and offender interviews. The FTARC is a multidisciplinary committee comprised of representatives from psychiatry, behavioral health, primary care provided, nursing, administration, unit manager, and the PREA Compliance Manager. Each transgender offender is given the opportunity to request special accommodations upon their arrival. The agency maintains a Division Transgender Accommodation Review Committee (DTARC). The DTARC reviews actions of the FTARC.

The Auditor conducted a detailed tour of the facility and was granted access to all resident housing units and other support areas. The Auditor observed all shower and restroom areas in the facility. Shower entrances are protected from view with a door and each shower has a shower curtain. Residents have the ability to shower without staff of the opposite gender seeing them fully naked.

Showers on the second floor (housing units) do not allow a transgender or intersex resident the ability to shower separately from other residents. Transgender and intersex residents are authorized to shower on the first floor where other residents are not authorized to do so.

The Auditor conducted a formal interview with a transgender resident. The resident was asked if the facility provides an opportunity for the resident to shower separately from other residents. The Auditor was informed the resident showers alone on the first floor. The resident was asked how strip and pat searches are conducted at the facility. The resident was pat searched by a female Parole Officer upon arrival and had not been pat searched or strip searched since. The resident stated staff at the facility are respectful and professional.

The facility reported no incident in which a staff member conducted a cross-gender strip search in the previous 12 months.

Conclusion:

The Auditor conducted a review of Dart Cherry and NCDPS policies and procedures, training curriculum, training attendance rosters, interviewed staff, residents, and made observations. The Auditor concluded the Dart Cherry staff have been appropriately trained to conduct cross-gender searches and how to make opposite gender announcements when entering housing units. Residents have the ability to shower, change clothes and use the restroom with a level of privacy. Staff have been trained to treat transgender and intersex residents respectfully and professionally in the facility. The Auditor determined the Dart Cherry meets the requirements of this standard.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 432">The agency has a policy that requires staff take appropriate steps to ensure offenders with disabilities or limited English proficient have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy requires the inclusion of those who are deaf or hard of hearing, blind or have low vision, and those who have intellectual, psychiatric, or speech disabilities. The appropriate steps outlined in the policy include the following:</p> <ul data-bbox="280 486 1485 880" style="list-style-type: none"> • A TTD/TTY Telephone and Closed Captioned TV will be provided at designated units; • For deaf and/or hard of hearing inmates who use sign language, a qualified interpreter may be provided as needed for essential medical, dental, and psychological services, vocational and/or educational programs as well as, during diagnostic, orientation, and disciplinary processes; • Non-certified interpreters, such as unit staff, community volunteers or other inmates, who have some functional sign language skills, may be utilized to provide assistance in daily communication such as responding to announcements, and during social group activities; • For those inmates who do not use sign language, written communication should be utilized to ensure clear communication. For those inmates who do use sign language, written communication can be utilized in regular daily communication; and • A staff or volunteer reader/writer may be required to ensure clear communication regarding unit procedures, rules, and regulations for blind or visually impaired inmates. <p data-bbox="240 909 1477 1032">The NCDPS's policy stipulates facility's may deny accommodations that may cause an undue burden. The policy defines an undue burden as, "An accommodation that does not meet the standard of reasonableness, as determined by the Prisons ADA coordinator and the Division ADA Administrator, within a correctional setting or a NC State Agency, is an undue burden."</p> <p data-bbox="240 1066 1374 1126">The agency's Non-English Speaking Inmate Programs policy includes the use of interpreters and language line to communicate with non-English speaking inmates.</p> <p data-bbox="240 1158 488 1184">Evidence Relied Upon:</p> <p data-bbox="240 1216 1123 1243">Agency Policy - 2600 Reasonable Accommodation for Inmates with Disabilities, pg. 1-13</p> <p data-bbox="240 1274 935 1301">Agency Policy - 1800 Non-English Speaking Inmate Program, pg. 1-4</p> <p data-bbox="240 1332 1102 1359">Agency Policy - 3400 Offender Sexual Abuse and Sexual Harassment Policy, pg. 9-10</p> <p data-bbox="240 1391 1091 1417">Facility SOP - .1200 Community-Based Facility Sexual Abuse and Harassment, pg. 8</p> <p data-bbox="240 1449 979 1476">Health Services Policy - TX VII-1 Developmental Disabilities, pg. 1, 2, 3, 5</p> <p data-bbox="240 1507 1070 1534">Health Services Policy - TX VII-2 Physical, Mental, or Cognitive Disabilities, pg. 1-3</p> <p data-bbox="240 1565 600 1592">Sexual Abuse Awareness Brochure</p> <p data-bbox="240 1624 743 1650">Offender PREA Education Acknowledgment Form</p> <p data-bbox="240 1682 445 1709">Resident Handbook</p> <p data-bbox="240 1740 544 1767">Interpretive Services Contract</p> <p data-bbox="240 1798 448 1825">Interviews with Staff</p> <p data-bbox="240 1856 499 1883">Interviews with Residents</p> <p data-bbox="240 1915 379 1942">Observations</p> <p data-bbox="240 1973 467 2000">Analysis/Reasoning:</p> <p data-bbox="240 2031 1490 2145">The Auditor reviewed the agency's Sexual Abuse Awareness brochure for residents. Each resident receives a copy upon arrival at the facility. The handout is written in English and Spanish. The facility maintains PREA posters written in English and Spanish. Facility staff will read the PREA information provided during intake to residents who are blind or have low vision who cannot otherwise obtain the information. The agency maintains its Resident Handbook in English and Spanish.</p>

Residents who are deaf or hard of hearing can read the written information. The facility's PREA education is provided in person by agency staff. Provisions are made for those who are deaf, blind or do not speak English. In the event the facility receives a resident with an intellectual or cognitive disability, a staff member conducts an individual session with the resident to ensure he/she receives an understanding of the agency's PREA information and comprehensive education.

The Resident Handbook includes the following information:

- Prison Rape Elimination Act Law
- Zero-Tolerance
- Staff Duty to Report
- Resident Reporting Methods
- Family and Friends Reporting Methods

Residents who cannot read English or Spanish can benefit from the facility's PREA information through the use of the language line service. The agency maintains a contract with a provider for telephonic translation services. When the agency cannot provide a staff interpreter, staff read the information to the interpreter who translates the information to the resident. Each staff member interviewed was asked if the facility relies on resident interpreters or readers. Staff informed the Auditor they do not use resident interpreters or readers.

Each resident is required to sign the agency's Offender PREA Education Acknowledgement form. The form states, "I have received PREA Education, and afforded an opportunity to ask questions related to the material presented." Offenders sign below the statement, "By my signature below, I acknowledge that I received and understand the information provided on "SEXUAL ABUSE AWARENESS FOR THE OFFENDER." Each resident prints his/her name, date and signs the form. An agency witness signs and dates the form. The education is provided to residents within 30 days of arrival. The NCDPS requires each facility to conduct an education upon a resident's arrival at the facility. The PREA Education Acknowledgement form includes the agency's zero-tolerance policy.

The Auditor reviewed the Sexual Abuse Awareness Brochure. Each resident entering the facility is provided a written copy of the brochure. Residents are required to sign receipt of the written information and comprehensive educational session. The information and education are provided in the housing unit during intake. The Auditor observed the following information

in the Sexual Abuse Awareness Brochure:

- Sexual abuse and sexual harassment definitions
- Preventing Sexual Abuse
- What to do if you are sexually abused
- Facts about sexual abuse
- Facts for the offender who sexually abuses another offender

The Auditor reviewed the records of 16 residents. Each resident had signed the Offender PREA Education Acknowledgment form denoting their attendance and receipt of the Sexual Abuse Awareness information and education. During interviews with residents the Auditor determined residents have received a comprehensive education and written information upon their arrival.

The Auditor conducted interviews with facility staff. The Auditor asked staff to explain how blind and deaf residents benefit from the agency's information and education. Staff stated PREA information and education is read to blind residents by a staff member. Deaf residents can read the information. Staff informed the Auditor illiterate residents are provided the information and education in a one-on-one session. The Auditor was informed staff either use a staff interpreter or the language line when dealing with non-English speaking residents. The Auditor asked how staff communicate with residents who only understand sign language. The agency maintains a contract for interpretive services, to include Sign Language services.

The Auditor conducted a detailed tour of the Dart Center. Observations were made of readily available sexual abuse and sexual harassment materials and PREA posters throughout the facility, including each housing unit and service areas. All posters and posted materials were written in English and Spanish. During interviews with residents the Auditor discovered each is aware of the posted materials. All residents informed the Auditor they received written PREA materials, watched a video, and attended an in-person orientation upon arrival. Residents informed the Auditor the education is provided on the same day the resident arrived.

At the time of the audit there were no offenders who were blind, deaf, cognitively challenged, or who were identified as Limited English Proficient.

Conclusion:

The Auditor concluded the agency provides information that ensures equal opportunity to residents who are disabled. The facility takes reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment are provided to residents who are Limited English proficient and those who are disabled. The Auditor conducted a review of facility and agency policies, procedures, Sexual Abuse Awareness Brochure, Offender PREA Education Acknowledgment Form, interpretive services contracts, resident records, Resident Handbook, conducted interviews with staff, residents and made observations to determine the agency meets the requirements of this standard.

115.217	Hiring and promotion decisions
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1398 331">The North Carolina Department of Public Safety prohibits hiring or promoting anyone or enlisting the services of any contractor, who may have contact with offenders who:</p> <ul data-bbox="282 385 1442 544" style="list-style-type: none"> • Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; • Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent or refuse; and • Has been civilly or administratively adjudicated to have engaged in those activities. <p data-bbox="240 575 1477 801">The agency requires considerations of any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. The agency requires a criminal background records check be conducted before hiring any new staff member who may have contact with offenders. Facility staff are required to make their best efforts to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse, consistent with Federal, State and local laws. Criminal background records checks are required every 5 years on employees and contract staff who may have contact with offenders.</p> <p data-bbox="240 833 1477 927">The Agency asks all applicants and contractors who may have contact with offenders directly about previous misconduct as listed above, in the agency's Application Verification form. Employees attempting to be promoted complete an application and answer questions regarding previous acts of misconduct on the DPS Employment Statements form.</p> <p data-bbox="240 958 1485 1252">The agency has a continuing affirmative duty to disclose any acts of sexual misconduct. The DPS Employment Statements form and Application Verification states, "I acknowledge and understand that, should I become subject to these prohibitions in my current position or any subsequent departmental position I may hold involve contact with persons in confinement or under supervision; I will notify departmental management within twenty-four hours of my involvement in any of the above. I understand the Department has the authority to conduct random criminal background checks to ensure compliance with these federal standards in relation to the Department's employment practices. Further, I understand that if I am subject to these prohibitions, I may be subject to termination of employment. In addition, if I falsely certify my eligibility for employment and it is subsequently discovered that I have involvement in any of the above, I will be subject to termination or disqualification for employment for the falsification."</p> <p data-bbox="240 1283 488 1310">Evidence Relied Upon:</p> <p data-bbox="240 1341 539 1368">HR 005 Applicant Verification</p> <p data-bbox="240 1400 625 1426">HR 013 DPS Employment Statements</p> <p data-bbox="240 1458 633 1485">HR 008 Professional Reference Check</p> <p data-bbox="240 1516 435 1543">Employee Records</p> <p data-bbox="240 1574 440 1601">Contractor Records</p> <p data-bbox="240 1632 561 1659">Background Check Tracker Log</p> <p data-bbox="240 1691 510 1718">Interviews with Employees</p> <p data-bbox="240 1749 504 1776">Interview with Contractors</p> <p data-bbox="240 1807 464 1834">Analysis/Reasoning:</p> <p data-bbox="240 1865 1445 1986">The Auditor reviewed the agency's Applicant Verification form. The form is completed by all staff and contractors prior to employment or enlisting services. The Auditor reviewed the agency's DPS Employment Statements form. Employees are required to complete the form prior to any promotional opportunity. Each form asks the staff member or contractor the following questions:</p> <ul data-bbox="282 2040 1458 2161" style="list-style-type: none"> • "Have you ever engaged in sexual abuse or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; • Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent or refuse; and

- Have you been civilly or administratively adjudicated to have engaged in the activities described?"

The Auditor conducted an interview with the facility's Human Resource staff member. The Auditor was informed each candidate is asked to complete the Application Verification as part of the application process. The Auditor asked how the facility considers acts of sexual abuse and sexual harassment of those being promoted. The Human Resource staff member stated each is required to complete an application and DPS Employment Statements form when applying for a promotional opportunity. The Auditor asked if such is captured for contractors and if so, when. The Auditor was informed contractors are required to complete the Applicant Verification form and undergo the background records check as all employees do. The Auditor asked if the facility provides information related to sexual abuse investigations and resignations to other institutional employers upon request. The Auditor was informed that information is provided upon request when accompanied with a release for information form.

The Auditor reviewed the agency's Professional Reference Check form. The form includes a definition of institutional employer and requires the previous employer check "yes" or "no" if the person was or was not employed in an institution. The institutional employer is required to answer, "Are you aware of your employee, being involved in any allegation of sexual abuse or sexual harassment that was found to be true or resigning during a pending investigation of any allegation of sexual abuse or sexual harassment before the investigation was finished?" If the employer answers "yes" they are required to describe the event and date in a comments section of the form.

The Auditor conducted a review of employee background records. The facility provided the Background Check Tracker Log. The log includes the person's name and the date the criminal history check was performed. The facility conducts a background check every five years. The agency performs a background records check through the North Carolina State Bureau of Investigations. The Dart Center performs criminal history background checks electronically utilizing its Originating Agency Identification (ORI) number. The report provided to the Auditor reveals the facility is conducting criminal history background record checks every five years on employees and contractors.

The Auditor reviewed the HR records of ten staff members. The Auditor observed each had answered the questions related to sexual misconduct and abuse and initialed the form in the appropriate place and signed the form. The facility maintains records of each staff member's application and Employment Statement forms. Each employee who was promoted completed an application and Employment Statement form prior to the effective date of promotion. A review of contractor records revealed each completed the Employment Statement form prior to providing services in the facility.

The Auditor conducted formal interviews with staff. Staff were asked if they were aware of the criminal background records check process. Each staff was aware the facility conducts a criminal background records check at least every five years. Staff were asked when they are asked specific questions related to sexual abuse and sexual harassment. Each staff informed the Auditor they answer those questions before being hired and prior to promotion. Staff were asked if they were aware the agency has a continuing requirement to disclose acts of sexual abuse and sexual harassment. Each was aware of the agency requirement.

The Auditor conducted a formal interview with two contract personnel. Each contractor was asked if they are aware the agency conducts a criminal record background check. Each contractor was aware the facility conducts such checks prior to services and every five years. The Auditor asked each contractor if they were ever questioned about prior or current acts of sexual abuse or sexual harassment. Each contractor stated they were asked those questions on the Employment Statements form prior to working. Each contractor is aware of the continuing affirmative duty to disclose acts of sexual harassment and sexual abuse.

Conclusion:

The Auditor concluded the Dart Center is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors, and before promoting staff members. The Auditor conducted a review of agency policies, forms, employee records, contractor records, Background Check Tracker Log, and interviewed staff and contractors. The Auditor determined the agency meets the requirements of this standard.

115.218	Upgrades to facilities and technology
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1477 434">The North Carolina Department of Public Safety considers the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect offenders from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility. The agency considers how technology may enhance its ability to protect offenders from sexual abuse when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology in facilities.</p> <p data-bbox="240 465 1417 524">Facility staff reported the North Carolina Department of Public Safety has not acquired any new facility or planned any substantial expansion or modification of the Avery Mitchell Correctional Institution during this audit cycle.</p> <p data-bbox="240 555 488 582">Evidence Relied Upon:</p> <p data-bbox="240 613 448 640">Interviews with Staff</p> <p data-bbox="240 672 379 698">Observations</p> <p data-bbox="240 730 466 757">Analysis/Reasoning:</p> <p data-bbox="240 788 1485 882">The North Carolina Department of Public Safety has not designed or acquired any new facility or planned any substantial expansion or modification of the Dart Center since its last PREA audit. The Dart Center has not installed or updated its video monitoring system, electronic surveillance system, or other monitoring technologies during this audit period.</p> <p data-bbox="240 913 1485 1070">The Auditor conducted an interview with the PREA Compliance Manager and Warden. Both are clear on the responsibility to consider the effects of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. The Warden informed the Auditor the PREA Compliance Manager would be involved in the process for adding cameras and updating video monitoring systems in the Dart Center.</p> <p data-bbox="240 1102 1474 1227">The Auditor observed existing camera locations throughout the facility while touring. Cameras are placed throughout the facility in an effort to prevent, detect, and respond to incidents of sexual abuse. The facility added mirrors in select locations to allow staff to see into areas that were previously identified as blind spots. The PREA Compliance Manager stated she would be involved in the camera placement selection process.</p> <p data-bbox="240 1258 376 1285">Conclusion:</p> <p data-bbox="240 1317 1422 1375">The Auditor conducted a review of agency policies, procedures, interviewed staff and made observations to determine the agency meets the requirements of this standard.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1481 533">It is the policy of the North Carolina Department of Public Safety to offer all victims of sexual abuse access to a forensic medical examination provided by a certified Sexual Abuse Nurse Examiner. The examination is provided to the victim at no cost to the victim. The agency's policy allows an agency PREA Support Person (PSP) to accompany the victim to a forensic examination. Policy states, "As requested by the victim, the PREA support person shall accompany and support the victim through the investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals." The PSP is required to be of the same gender as the victim when accompanied during a forensic examination. Policy defines the PSP as, "A designated employee, at each facility, that has been screened for appropriateness to serve as a victim advocate and has received education concerning sexual assault and forensic examination issues in general."</p> <p data-bbox="240 562 1481 757">The agency is responsible for conducting administrative investigations. Policy requires criminal investigations are conducted by local law enforcement or the State Bureau of Investigations. The agency's Sexual Abuse Health Services Policy stipulates the process of evidence collection for medical personnel treating and evaluating sexual abuse victims. The Offender Sexual Abuse and Sexual Harassment policy stipulates the process for evidence collection during investigations at the facility, by facility investigators. The agency has created an Incident Scene Tracking Log and PREA Evidence Chain of Custody Form.</p> <p data-bbox="240 786 488 813">Evidence Relied Upon:</p> <p data-bbox="240 842 1121 869">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment Policy, pg. 25-28</p> <p data-bbox="240 898 970 925">Facility SOP - .1400 Offender Sexual Abuse & Harassment pg, 14, 17-19</p> <p data-bbox="240 954 528 981">Coordinated Response Plan</p> <p data-bbox="240 1010 778 1037">Health Services Policy - CP-18 Sexual Abuse, pg. 1-5</p> <p data-bbox="240 1066 531 1093">Incident Scene Tracking Log</p> <p data-bbox="240 1122 643 1149">PREA Evidence Chain of Custody Form</p> <p data-bbox="240 1178 555 1205">PREA Support Person Training</p> <p data-bbox="240 1234 874 1261">Memorandum to Local Law Enforcement Agencies and Sheriffs</p> <p data-bbox="240 1290 603 1317">Wayne Memorial Hospital Protocols</p> <p data-bbox="240 1346 416 1373">Letter to Hospital</p> <p data-bbox="240 1402 1225 1429">Memorandum of Understanding with Wayne Uplift Domestic Violence and Sexual Assault Program</p> <p data-bbox="240 1458 448 1485">Interviews with Staff</p> <p data-bbox="240 1514 611 1541">Interview with PREA Support Person</p> <p data-bbox="240 1570 464 1597">Analysis/Reasoning:</p> <p data-bbox="240 1626 1481 1821">The Auditor reviewed agency policies and procedures. The agency has included the elements of this standard in its policies and procedures. The North Carolina Department of Public Safety conducts administrative investigations of sexual abuse and sexual harassment. All allegations of sexual abuse and sexual harassment that appear criminal in nature are reported to local law enforcement or the State Bureau of Investigations. Dart Center personnel are required to preserve any crime scene until the local law enforcement or SBI Investigator arrives to process physical evidence from the scene.</p> <p data-bbox="240 1850 1481 2022">The facility's Coordinated Response Plan includes written actions for medical personnel. Medical personnel are required to document and transport the resident victim to the emergency department for a forensic examination, when appropriate. The plan requires victim support be provided by the designated PREA Support Person. Mental health personnel are required to make efforts to provide victims access to outside community support. The Coordinated Response plan outlines the evidence collection process.</p> <p data-bbox="240 2051 1481 2112">The Auditor reviewed the agency's Memorandum of Understanding with Wayne Uplift Domestic Violence and Sexual Assault Program. The MOU stipulates Wayne Uplift Domestic Violence and Sexual Assault Program agrees to the following:</p>

- Respond to requests from Dart Center to provide advocacy when residents are brought to Wayne Memorial Hospital for sexual assault forensic exam;
- Provide advocacy to residents that have been sexually assaulted and have requested assistance in the healing process for support;
- Provide follow-up services when residents may need them as resources allow;
- Work with Dart Center designated officials to obtain security clearance and follow all facility guidelines for safety and security as necessary;
- Maintain confidentiality regarding communications with residents detained at Dart Center;
- Take any training that is required by Dart Center regarding entry into facility;
- Communicate any questions or concerns about the MOU or Dart Center program;
- For security purposes provide any material to Dart Center for approval; and
- Program Director will attend meetings with PREA staff.

The memorandum stipulates the Dart Center agrees to:

- Make available to residents that have been sexually assaulted advocates from Wayne Uplift Domestic Violence and Sexual Assault Program at scheduled visit through PREA staff;
- Provide residents that have been sexually assaulted with information about Wayne Uplift services and how to receive services;
- Provide resources and materials to the sexual assault victim that Wayne Uplift provides, if a resident should like to retain materials. The materials will only be regarding the healing process of sexual assault;
- Provide a safe and confidential meeting place agreed upon with Wayne Uplift board and Executive Director;
- The staff of Wayne Uplift will be trained on policy and procedure of Dart Center;
- Dart Center and staff will respect the confidential nature between Wayne Uplift and residents detained at Dart Center;
- When a resident is brought to meet with a Wayne Uplift advocate they will be escorted by PREA staff;
- Ensure that Wayne Uplift staff is cleared to enter the facility for meetings, training sessions, or to meet with residents. Dart Center staff will ensure the safety of Wayne Uplift staff at all times; and
- Communicate any questions or concerns to the Wayne Uplift Program Director, allow Program Director to attend any meetings with PREA staff.

The facility has one staff trained as a victim advocate who can accompany a victim during a forensic examination. Each facility

PSP has been screened prior to the designation and training. The Auditor conducted a formal interview with the facility PREA Support Person (PSP). The PSP confirmed the advocacy services provided to each sexual abuse victim. The Auditor asked the PSP if he has attended a forensic examination in the previous 12 months. The advocate stated he has not been asked to accompany a victim during a forensic examination within the previous 12 months. The PSP stated if requested he would also accompany the victim during investigatory interviews. The Auditor asked who contacts the PSP following a sexual abuse incident. The PSP stated either the investigator or PCM would notify him. Emotional support services are provided on site or by

telephone with offenders when requested. Advocacy services may be provided by the Wayne County Rape Crisis Center (WCRCC). An advocate with the WCRCC may also accompany a victim during a forensic examination.

The Auditor reviewed a letter sent by the Facility Head to the Wayne Memorial Hospital. The letter informs the hospital residents at the Dart Center are under the care of the Dart Center but are not considered incarcerated. The letter stipulates the Dart Center will pay for emergency room treatments. Payment for subsequent treatments following an admission become the responsibility of the resident. Payment for forensic examinations are the responsibility of the Dart Center.

The Auditor reviewed the Wayne Memorial Hospital Sexual Assault/Rape protocols. The protocol details the process of evidence collection. The process aligns with the North Carolina General Statute Chapter 14-27.2. The protocol requires the use of the Sexual Assault Evidence Collection Kit that includes step-by-step instructions for evidence collection.

The Auditor conducted a formal interview with a medical practitioner. The Auditor asked if medical personnel conduct forensic examinations at the facility. The practitioner stated they do not conduct forensic examinations at the Dart Center. The Auditor was informed residents in need of a forensic examination are sent to the hospital for those services. The examination is performed by a certified SANE. The Auditor asked when the last resident was sent for a forensic examination following an allegation of sexual abuse. There has been no resident sent for a forensic examination. The Auditor asked how much residents pay for forensic examinations and support services related to sexual victimization. The medical practitioner informed the Auditor residents are not charged for services related to sexual victimization.

The Chief Deputy Secretary, Division of Adult Corrections and Juvenile Justice sent a memorandum to all local law enforcement agencies and Sheriffs in which a NCDPS Prison was located in. The memorandum explains the NCDPS is committed to complying with the Prison Rape Elimination Act standards. The memorandum cites PREA standards 115.221

and 115.271. The memorandum requests that all assisting law enforcement entities adhere to the standards as cited in the memorandum.

The Auditor conducted a formal interview with the facility investigator. The investigator was asked to explain the process when investigating allegations of sexual abuse. The Investigator stated as soon as it is determined an act of sexual abuse requires a forensic examination, arrangements are made to immediately transport the resident to the hospital. The Auditor was informed criminal investigations of sexual abuse are conducted by the Goldsboro Police Department. The Auditor asked how evidence collection occurs at the facility. The facility Investigator explained the local law enforcement Investigator responds to the facility and collects evidence from the crime scene. The Dart Center staff preserve the crime scene until the criminal investigator arrives to process and collect the evidence. The facility completes the chain of custody form. The PREA Evidence Chain of Custody Form includes the following information:

- Description of evidence
- Received from information
- Received by information
- Item released by information
- Reason
- Releasing and receiving signatures

Facility personnel are required to secure the crime scene following an incident of sexual abuse. The agency requires staff log activity in and out of the crime scene. Staff are required to track this information on the agency's Incident Scene Tracking Log following an incident of sexual abuse. The Incident Scene Tracking Log requires facility personnel include the following information:

- Facility Name/Number
- Investigator's Name
- Scene Location
- Name/Title
- Agency
- Date
- Time In
- Time Out
- Reason for Entering

Conclusion:

The agency is utilizing an appropriate uniformed evidence protocol to maximize the potential for usable physical evidence. The facility makes victim advocates available to victims of sexual abuse and ensures access to a forensic examination performed by a certified Sexual Abuse Nurse Examiner. The Auditor reviewed the NCDPS policies, procedures, Memorandum of Understanding, letter to LE agencies and Sheriffs, Coordinated Response Plan, logs, letter and conducted interviews with staff. The Auditor determined the agency meets the requirements of this standard.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The North Carolina Department of Public Safety policy is to ensure an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Dart Center conducts administrative investigations. The facility's policy is to contact local law enforcement or the State Bureau of Investigations following a substantiated allegation. Both local law enforcement and the State Bureau of Investigations have the legal authority to conduct such investigations.

Facility investigators conduct an initial investigation in the facility. Policy requires when the evidence appears to support prosecution the investigator will notify local law enforcement or the SBI. If the allegation occurred at a time that allows for the collection of physical evidence the offender is sent for a forensic examination and local law enforcement or the SBI is notified. Each investigator in the facility is required by policy to receive specialized training to conduct sexual abuse investigations in confinement facilities.

Evidence Relied Upon:

Agency Policy - .3400 Sexual Abuse and Sexual Harassment, pg. 18, 29

Facility SOP - .1200 Community-Based Sexual Abuse and Harassment, pg. 13, 18-19

Coordinated Response Plan

Agency Website

Interviews with Staff

Analysis/Reasoning:

The Auditor reviewed the North Carolina Department of Public Safety website. The NCDPS website includes a link to access the agency's Offender Sexual Abuse and Sexual Harassment policy. The policy includes the agency's responsibilities while investigating allegations of sexual abuse and sexual harassment. The policy informs all allegations that appear to be criminal in nature are referred to the local law enforcement agency. The public is informed of the agency's zero-tolerance towards sexual abuse and sexual harassment.

The Dart Center policy requires local law enforcement be notified when there is evidence or suspicion that criminal conduct may have occurred. The Dart Center's Coordinated Response Plan includes the facility's policies and practices regarding investigating sexual abuse. The plan stipulates, "If the scene can be safely secured without compromising evidence, do so by roping the area off, closing doors, and/or prohibiting anyone from entering the area until the OIC/Senior Person in Charge and/or local law enforcement arrives. The only persons that should be entering a secured crime scene are law enforcement personnel, the investigator, or medical staff as needed." Local law enforcement are required to investigate criminal acts of sexual abuse while facility investigators are required to cooperate with local law enforcement investigators. The Goldsboro Police Department conducts investigations of criminal activity within the facility. The facility is located in the City of Goldsboro. The Goldsboro Police Department has the legal authority to conduct criminal investigations in the facility.

The Auditor conducted a formal interview with the facility Sexual Abuse Investigator. The Auditor asked the investigator to explain the process once an allegation appears to be criminal in nature. The investigator stated local law enforcement is immediately notified to conduct a criminal investigation. The referral to local law enforcement is documented by the Investigator. The Dart Center has one staff member who has received training to conduct administrative investigations in the facility. The facility Investigator informed the Auditor there have been no allegations received in the previous 12 months that appeared to be criminal in nature.

The Dart Center has not received an allegation of sexual abuse during this audit cycle.

No department of justice component is responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in the Dart Center.

Conclusion:

The Auditor concluded the Dart Center has appropriate policies in place to ensure referrals of criminal allegations of sexual abuse and sexual harassment to the Goldsboro Police Department who maintains the legal authority to conduct criminal investigations in the facility. The facility ensures each allegation is investigated. After reviewing agency and facility policies, procedures, Coordinated Response Plan, website, and interviewing staff, the Auditor determined the facility meets the requirements of this standard.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1299 297">The North Carolina Department of Public Safety policy stipulates employees receive the following training:</p> <ul data-bbox="280 349 1442 813" style="list-style-type: none"> • The agency's standard of zero-tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers, or by offenders; • Employees' responsibilities when responding to sexual abuse and harassment; • Offenders' right to be free from sexual abuse and sexual harassment; • Offenders' and employees' right to be free from retaliation for reporting sexual abuse and harassment; • The dynamics of sexual abuse and sexual harassment in confinement; • Common reactions of sexual abuse and sexual harassment victims; • Detect and respond to signs of threatened and actual sexual abuse; • How to avoid inappropriate relationships with offenders; • How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; • Relevant laws regarding age of consent; and • Unique attributes of working with males and/or females in confinement/supervision. <p data-bbox="240 842 1477 969">The agency requires all staff will receive Sexual Abuse and Sexual Harassment 101 training every two years. The policy mandates all employees receive Sexual Abuse and Sexual Harassment 102 refresher information during the alternate years on offender sexual abuse and sexual harassment issues emphasizing the zero-tolerance and duty to report, as well as covering current sexual abuse and sexual harassment policies and procedures.</p> <p data-bbox="240 999 1485 1160">All new personnel are trained to work with male and female offenders. The agency's policy stipulates additional training may be offered at individual facilities or through the Office of Staff Development and Training. Agency training is documented on form OSDT-1 and in appropriate agency training tracking system. Certification of employee understanding of material is documented by signing the Form OPA-T10 PREA Acknowledgement; or electronic signature when completing the ELearning course authorized by the agency.</p> <p data-bbox="240 1189 488 1216">Evidence Relied Upon:</p> <p data-bbox="240 1245 1031 1272">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 5-6</p> <p data-bbox="240 1301 1110 1328">Facility SOP - .1200 Community-Based Sexual Abuse and Sexual Harassment, pg. 4-5</p> <p data-bbox="240 1357 397 1384">Facility Posters</p> <p data-bbox="240 1413 641 1440">Learning Management System Records</p> <p data-bbox="240 1469 419 1496">Red Flags Poster</p> <p data-bbox="240 1525 379 1552">Lesson Plans</p> <p data-bbox="240 1581 493 1608">PowerPoint Presentation</p> <p data-bbox="240 1637 585 1664">OPA T10 Acknowledgement Form</p> <p data-bbox="240 1693 445 1720">Interviews with Staff</p> <p data-bbox="240 1749 499 1776">Interviews with Residents</p> <p data-bbox="240 1805 376 1832">Observations</p> <p data-bbox="240 1861 464 1888">Analysis/Reasoning:</p> <p data-bbox="240 1917 1477 2130">The Auditor reviewed the agency's training curriculum utilized to train staff. The NCDPS training curriculum includes all training topics as bulleted above. The agency requires only an approved staff trainer certified as a General Instructor conducts the training unless an exception is given by the Director. The certified trainer teaches from a lesson plan and utilizes a PowerPoint Presentation. Each new staff member is provided the training at the Dart Center. The facility provides PREA training to all staff annually. The training provided is not tailored to any specific gender. The lesson plan includes training for dealing with female and male offenders. The Auditor observed the following training objectives in the lesson plan</p>

and included in the PowerPoint Presentation:

- Identify the "Prison Rape Elimination Act (PREA) of 2003" and the agency's zero-tolerance policy of sexual abuse and sexual harassment for offenders/juveniles;
- Define sexual abuse and sexual harassment;
- Define offenders'/juveniles' right to be free from sexual abuse and sexual harassment; and from retaliation for reporting;
- Identify relevant laws;
- Define employee responsibilities when responding to sexual abuse and sexual harassment;
- Define the unique attributes of working with females in confinement/under supervision;
- Define the unique attributes of working with males in confinement/under supervision;
- Define the vulnerabilities of persons in confinement/under supervision;
- Identify the dynamics of sexual abuse and sexual harassment in confinement/under supervision;
- Identify how to detect signs of threatened and actual sexual abuse in confinement/under supervision;
- Identify the common reactions to sexual abuse and sexual harassment;
- Identify methods of avoiding inappropriate relationships with offenders/juveniles; and
- Identify techniques for communicating effectively and professionally with offenders/juveniles including lesbian, gay, bisexual, transgender, intersex (LGBTI) and gender nonconforming populations.

At the time of the audit the facility employed 79 staff. The Auditor reviewed the Dart Center staff training records. Training records

reveal all staff are provided the PREA training. The Auditor reviewed training records for the previous 12 month period. All staff had been provided annual in-service training and electronically signed an understanding and acknowledgment of the training. Facility personnel who attend in-person training sign the Prison Rape Elimination Act Acknowledgement Form. The agency's acknowledgement form stipulates, "I acknowledge understanding of the Prison Rape Elimination Act of 2003, NC General Statute Chapter 14-27.31, and the NCDPS zero-tolerance policy for sexual abuse and sexual harassment. I also acknowledge that I must report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately." Employees are required to print and sign their name, date and a NCDPS representative signs the form as a witness. Agency training records are maintained in the electronic Learning Management System. The system allows staff to attend on-line training and allows training personnel to run reports to determine which staff members have completed training and which have not. The system allows training staff to easily monitor staff training activities.

The Auditor observed facility posters. Facility posters include Prison Rape Elimination Act information and red flags. The PREA

Information poster includes the following:

- Zero-Tolerance Policy
- Employee Responsibilities
- Reporting
- NC General Statute 14-27.7(a)
- Sanctions

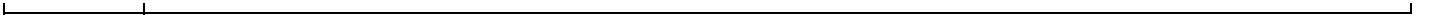
The Red Flags poster informs staff of items to look for that potentially alert of staff sexual misconduct with residents. There are 39 actions listed on the Red Flags poster.

The Auditor conducted formal interviews with specialized and randomly selected staff. Each was asked about the training provided by the agency. All staff interviewed had been provided the training and informed the Auditor they receive training annually and sometimes more frequent. The Auditor asked each to explain the topics provided by the agency during their annual training. Staff were able to articulate the above listed topics. The Auditor determined staff were knowledgeable and retained the information provided during the training.

The Auditor conducted formal interviews with randomly selected and specifically targeted residents. The residents interviewed articulated staff appropriately respond to incidents and take sexual abuse and sexual harassment allegations seriously. The residents collective responses allowed the Auditor to determine staff respond to the population as they have been appropriately trained to do. Residents informed the Auditor staff are responsive, professional and take allegations seriously in the facility.

Conclusion:

The Auditor concluded the facility has appropriately trained its staff and documented the training as required by this standard. Facility staff interviewed by the Auditor were knowledgeable in the training topics mandated in PREA standard 115.231. The Auditor reviewed agency policy, procedures, training curriculum, attendance rosters, posters, acknowledgement forms, conducted interviews with staff, residents, and determined the facility meets the requirements of this standard.



115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The North Carolina Department of Public Safety policy requires all volunteers and contractors, excluding those who have no contact with offenders, receive the sexual abuse and sexual harassment 101 training. The policy requires the training include:</p> <ul style="list-style-type: none"> • The agency's standard of zero-tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers, or by offenders; and • Applicable methods to report incidents of sexual abuse and sexual harassment. <p>The application process is not considered complete until the person verifies understanding of training by signing the PREA Acknowledgement Form and returning the form to the facility. All one-time volunteers are required to review the information on the acknowledgement form (OPA T10) that addresses the agency's standard of zero-tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers, or by offenders; and applicable methods to report incidents of sexual abuse and harassment. The facility trains volunteers and contractors on an annual basis.</p> <p>The agency's Community Volunteer Program policy requires volunteers receive PREA training. Policy stipulates the training will be conducted annually.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 6-7</p> <p>Agency Policy - .0604 Community Volunteer Program, pg. 4-5</p> <p>Facility SOP - .1200 Community-Based Sexual Abuse and Harassment, pg. 6-7</p> <p>NC General Statute 14-27.31</p> <p>OPA T10 Acknowledgment Forms</p> <p>Training Course Records</p> <p>Training Curriculum</p> <p>Interviews with Contractors</p> <p>Analysis/Reasoning:</p> <p>The agency has 5 contract personnel authorized to perform services in the facility. The facility reported no volunteers are currently authorized to perform services. Volunteers who have frequent contact with offenders receive the same training. All "one-time" volunteers are required to read and sign form OPA-T10. The agency trains its contractors and volunteers utilizing the same lesson plans that are designed for staff. The Auditor reviewed the lesson plan and PowerPoint Presentation. The Auditor observed the following training objectives in the lesson plan and supported in the PowerPoint Presentation:</p> <ul style="list-style-type: none"> • Identify the "Prison Rape Elimination Act (PREA) of 2003" and the agency's zero-tolerance policy of sexual abuse and sexual harassment for offenders/juveniles; • Define sexual abuse and sexual harassment; • Define offenders'/juveniles' right to be free from sexual abuse and sexual harassment; and from retaliation for reporting; • Identify relevant laws; • Define employee responsibilities when responding to sexual abuse and sexual harassment; • Define the unique attributes of working with females in confinement/under supervision; • Define the unique attributes of working with males in confinement/under supervision; • Define the vulnerabilities of persons in confinement/under supervision; • Identify the dynamics of sexual abuse and sexual harassment in confinement/under supervision; • Identify how to detect signs of threatened and actual sexual abuse in confinement/under supervision; • Identify the common reactions to sexual abuse and sexual harassment; • Identify methods of avoiding inappropriate relationships with offenders/juveniles; and • Identify techniques for communicating effectively and professionally with offenders/juveniles including lesbian, gay, bisexual, transgender,

intersex (LGBTI) and gender nonconforming populations.

"One-time" volunteers and contractors are required to read and sign form OPA-T10. The form stipulates, "I acknowledge understanding of the Prison Rape Elimination Act of 2003, NC General Statute Chapter 14-27.31, and the NCDPS zero tolerance policy for sexual abuse and sexual harassment. I also acknowledge that I must report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately." Each contractor is required to sign the form prior to performing services and volunteers are required to sign during their orientation. "One-time" volunteers sign the form prior to entry into the facility. The Auditor observed the following on form OPA-T10:

- Zero-Tolerance Policy
- NC General Statute 14-27.31
- Definitions
- Duty to Report
- Reporting Methods
- Acknowledgement

The Auditor reviewed North Carolina General Statute 14-27.31. The statute states, "If a person having custody of a victim of any age or a person who is an agent or employee of any person, or institution, whether such institution is private, charitable, or governmental, having custody of a victim of any age engages in vaginal intercourse or a sexual act with such victim, the defendant is guilty of a Class E felony."

The Auditor reviewed the training records of contractors. A review of records reveal the facility is training contractors prior to enlisting their services. The agency suspended all volunteer services due to COVID19 restrictions in agency facilities. Each contractor signed the OPA-T10 form.

The Auditor conducted formal interviews with contract personnel. Contractors verified they had been provided training related to the agency's zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. The Auditor asked specific questions related to the agency's policies and procedures for reporting allegations of sexual abuse and sexual harassment. Contractors understand the requirements for reporting allegations, information and knowledge related to such. Contractors were asked to explain the responsibilities under the NCDPS policies related to sexual abuse. Each contractor provided responses that reveal they understand their responsibilities according to the agency's policies and procedures. Contractors are aware the NCDPS maintains a zero-tolerance policy towards acts of sexual abuse and sexual harassment.

The facility has not conducted volunteer services since the onset of COVID-19. The Auditor did not conduct an interview with a facility volunteer. The agency maintains records that volunteers received information and understand how to report allegations of sexual abuse and sexual harassment and their responsibilities under the agency's prevention, detection and response policies and procedures.

Conclusion:

The Auditor concluded the facility is appropriately training contractors and staff ensures documentation of training is maintained. The Auditor determined through a review of agency policies, procedures, training curriculum, training records, acknowledgement forms, and interviewing contractors the facility meets the requirements of this standard.

115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The North Carolina Department of Public Safety policy requires all offenders receive, during reception, information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and instructions on how to report incidents or suspicions of sexual abuse and sexual harassment. Policy requires during intake all offenders receive comprehensive education about sexual abuse and sexual harassment within 30 days of intake and upon transfer to a different facility. The comprehensive education includes:</p> <ul style="list-style-type: none"> • Offenders' rights to be free from sexual abuse and sexual harassment; • Offenders' rights to be free from retaliation for reporting incidents of sexual abuse and sexual harassment; • The agency's policies and procedures for responding to incidents of sexual abuse and sexual harassment; and • Methods available to offenders for reporting incidents of sexual abuse or sexual harassment internally and to an external agency or entity. <p>Education provided to offenders is required to be delivered by an employee who has completed the PREA Train the Trainer Offender Education course. Upon transfer to a different facility offenders are required to receive:</p> <ul style="list-style-type: none"> • Education utilizing the Offender FACTSHEET Facilitator Talking Points; • A copy of the PREA Brochure; • Sign the orientation form; and • Education is offered by a designated employee at the facility. <p>The facility's policy stipulates during orientation residents will receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse and sexual harassment. Policy requires all resident receive a comprehensive education within 30 days of intake that includes:</p> <ul style="list-style-type: none"> • Resident's rights to be free from sexual abuse and sexual harassment; • Resident's rights to be free from retaliation for reporting incidents of sexual abuse and sexual harassment; • The agency's policies and procedures for responding to incidents of sexual abuse and/or sexual harassment; and • The toll free PREA telephone number for reporting sexual abuse and sexual harassment directly to the PREA Office (when applicable). <p>The facility's policy stipulates "Appropriate provisions shall be made as necessary for residents not fluent in English, persons with disabilities and those with low literacy levels." All materials provided to residents on the subject of sexual abuse and sexual harassment, and any lesson plans used during any presentations on this topic shall be approved by Department of Public Safety's PREA Office."</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 9-10</p> <p>Facility SOP - .1400 Offender Sexual Abuse & Harassment, pg. 8</p> <p>Offender PREA Education Acknowledgement Form</p> <p>Sexual Abuse Awareness Brochure</p> <p>Talking Points Fact Sheet</p> <p>Resident Handbook</p> <p>Facility Posters</p> <p>Classification Records</p> <p>Interviews with Staff</p> <p>Interviews with Residents</p> <p>Observations</p> <p>Analysis/Reasoning:</p>

The agency has created a brochure that includes information for residents. Each resident is provided the Sexual Abuse Awareness Brochure upon intake and arrival at the facility. Staff ensure each resident watches the video titled, "PREA: What You Need to Know" and provide the initial training in person utilizing the intake training outline during the intake process. Each resident signs the Offender PREA Education Acknowledgement Form after receiving the education. The Auditor conducted a review of the agency's Sexual Abuse Awareness Brochure. The English and Spanish brochure includes the following sections:

- Facts About Sexual Abuse;
- What To Do If You Are Sexually Abused;
- Offender Sexual Abuse;
- Preventing Sexual Abuse;
- Duty To Report;
- National and Local Rape Crisis Services;
- False Reports; and
- Retaliation

Each resident receives the department's Resident Handbook upon arrival. The booklet includes the agency's zero-tolerance information and directs residents how to report allegations of sexual abuse or sexual harassment. The Resident Booklet includes the following information related to sexual abuse and sexual harassment:

- Prison Rape Elimination Act Law
- Zero-Tolerance
- Staff Reporting Responsibilities
- Resident Reporting Avenues
- Family and Friends Reporting Avenues

Upon transfer to another facility residents are educated by the facility utilizing the Talking Points Fact Sheet. The fact sheet informs staff to provide the resident with a copy of the agency's Sexual Abuse Awareness Brochure and that the resident is required to sign the Offender Acknowledgement form. The Auditor observed the following information in the fact sheet:

- Right to be free from sexual abuse;
- Prevention;
- Policies and procedures for responding to incidents; and
- Ways to report incidences of sexual abuse and sexual harassment.

Each resident is provided a comprehensive education within 30 days of arrival. When the resident is transferred to another facility, the resident is receives another education at the facility the offender is transferred to. Each resident who arrives at the Dart Center receives an orientation. The orientation includes the education and written materials. The orientation is conducted in-person by a facility staff member. The resident receives a copy of the Resident Handbook.

Each resident is provided time to ask questions at the conclusion of the education session. The agency maintains all comprehensive educational information in English and Spanish. The agency's comprehensive education materials include, the resident's rights to be free from sexual abuse and sexual harassment, rights to be free from retaliation for reporting sexual abuse and sexual harassment incidents and information regarding the agency's policies and procedures for responding to such incidents.

Each resident is required to sign the agency's Offender PREA Education Acknowledgement Form. Residents are required to print their name, offender number, date and sign the form. A staff witness is required to sign and date the form. The form requires the resident sign acknowledging, "I have received PREA Education, and afforded an opportunity to ask questions related to the material. I also understand that I have a duty to report any threat or occurrence of Undue Familiarity or Offender Sexual Abuse and Harassment to Department of Public Safety staff so that any potential victim may be protected and the abuser can be prosecuted to the fullest extent of the law. By my signature below, I acknowledge that I received and understand the information provided on 'SEXUAL ABUSE AWARENESS FOR THE OFFENDER.'"

The Auditor reviewed 16 resident classification records. A review of classification records revealed each resident signed for receipt of the information and comprehensive education on the Offender PREA Education Acknowledgement form. The comprehensive education was provided within 30-days of each resident's arrival. The Auditor was able to determine by a review of a relevant sample of resident classification records the resident population receives a comprehensive education. While interviewing residents the Auditor was informed they received the agency's written information upon arrival.

The Auditor conducted an interview with staff responsible for conducting the comprehensive education. Staff were asked how blind or visually

impaired residents are orientated. Staff informed the Auditor the written information is read to the resident. When asked how a resident who does not speak English receives an orientation staff stated all materials are written in Spanish. If the resident speaks a different language the facility uses an agency interpreter or uses the Language Line to educate the resident. At the time of the audit there were no residents who were identified as blind housed at the facility.

Staff were asked where they conduct the orientation with residents. The orientation and screening takes place on the first floor of each housing unit. The office is a private area that allows the residents to ask questions and speak without other staff or residents hearing the resident. The Auditor asked if residents are able to ask questions related to sexual abuse and sexual harassment. Staff give each resident the opportunity to ask questions related to such. The Auditor asked how an education and information is provided to residents with a cognitive disability. Staff make arrangements to ensure every resident, regardless of their disability understands the agency's policies and procedures related to sexual abuse and sexual harassment.

While touring the facility the Auditor observed key information readily available in the form of PREA posters and postings throughout the facility. Each resident is provided written information that is always accessible to the resident. The facility maintains PREA materials written in English and Spanish. Each resident informed the Auditor they have seen information posted throughout the facility regarding sexual abuse and sexual harassment.

At the time of the Audit there were no residents identified as Limited English Proficient, Blind, Deaf, or otherwise disabled.

Conclusion:

The Auditor concluded the resident population at the Dart Center has been appropriately educated in the agency's zero-tolerance policy, how to report allegations, rights to be free from sexual abuse, sexual harassment, retaliation, and the agency's policies and procedures for responding to such. The facility maintains appropriate documentation of such in each resident's record. The Auditor reviewed the agency's policies, procedures, resident records, Resident Handbook, Sexual Abuse Awareness Brochure, facts sheet, posters, made observations, interviewed staff and residents to determine the facility meets the requirements of this standard.

115.234	Specialized training: Investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 398">The agency requires all staff who conduct sexual abuse and sexual harassment investigations receive specialized training to conduct such investigations in a confinement facility. Investigators are required to receive the general PREA training provided to all employees. The training required for those who conduct sexual abuse and sexual harassment investigations includes:</p> <ul data-bbox="282 452 1310 577" style="list-style-type: none"> • Techniques for interviewing sexual abuse victims; • Proper use of Miranda and Garrity warnings; • Sexual abuse evidence collection in confinement settings; and • Criteria and evidence required to substantiate a case for administrative action of prosecution referral. <p data-bbox="240 609 488 636">Evidence Relied Upon:</p> <p data-bbox="240 667 1010 694">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 8</p> <p data-bbox="240 725 1015 752">Facility SOP - .1200 Community-Based Sexual Abuse and Harassment, pg. 7</p> <p data-bbox="240 784 442 810">Training Curriculum</p> <p data-bbox="240 842 416 869">Training Records</p> <p data-bbox="240 900 456 927">Investigative Reports</p> <p data-bbox="240 958 504 985">Interview with Investigator</p> <p data-bbox="240 1016 464 1043">Analysis/Reasoning:</p> <p data-bbox="240 1075 1469 1227">The NCDPS trains all investigators who conduct investigations in agency facilities. The Dart Center has one staff member who has received the specialized training. The Auditor reviewed the training curriculum utilized to train the investigator. The training developed for Institutional Investigators is titled, "PREA: Sexual Abuse and Sexual Harassment Investigation Training, for Alcohol and Chemical Dependency." The Auditor reviewed the agency's training curriculum utilized to train the investigator. Among other topics, the training course includes the following information:</p> <ul data-bbox="282 1281 1211 1406" style="list-style-type: none"> • Interviewing sexual abuse victims; • Proper use of Miranda and Garrity warnings; • Sexual abuse evidence collection in confinement settings; and • The criteria required to substantiate a case for administrative action of prosecution referral. <p data-bbox="240 1438 1485 1599">The Auditor reviewed the training records of the facility investigator. A review of the training record revealed she has attended the specialized training. In addition to the specialized training, the agency requires it's investigators complete the training offered to all agency employees. The agency maintains a training certificate for each investigator's participation in specialized training and training records of their participation in regular PREA training.</p> <p data-bbox="240 1630 1461 1823">The Auditor formally interviewed the facility investigator. The Auditor asked the investigator to explain the topics included in the specialized training she received. The investigator articulated the topics as bulleted above in this standard. The Auditor asked the investigator to explain the process utilized when conducting investigations. The investigator's responses indicate she has been appropriately trained to conduct sexual abuse investigations in confinement settings. The investigator discussed interviewing techniques, Miranda and Garrity warnings, evidence collection and the criteria and evidence to support administrative and prosecutorial referral.</p> <p data-bbox="240 1854 1477 2047">The Auditor asked the investigator to explain what happens when she determines an allegation appears to be criminal in nature and the evidence appears to support prosecution. The investigator stated she immediately stops the investigation and the Goldsboro Police Department is notified. The investigator explained local law enforcement determine if and when to prosecute a case after referring to local prosecutors. The local law enforcement investigator collects physical evidence from the facility. The facility investigator explained she coordinates efforts with local law enforcement during criminal investigations.</p> <p data-bbox="240 2056 1458 2083">There were no allegations received by the facility within the past 12 months that required referral for criminal investigation.</p> <p data-bbox="240 2114 1485 2141">The facility received no allegations in the previous 12 months. The Auditor reviewed the most recent investigative report. The</p>

allegation of sexual harassment was made in January 2020. The agency has developed an electronic investigative report that requires investigators input data into the electronic system. A review of the investigative report revealed the investigator has been trained to conduct sexual abuse investigations.

No department of justice component is required to investigate sexual abuse allegations in the Dart Center.

Conclusion:

The Auditor concluded the agency has provided appropriate training to its Sexual Abuse Investigators. The Auditor conducted a review of policies, procedures, training curriculum, training records, investigative report and conducted an interview with the facility investigator to determine the agency meets the requirements of this standard.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1490 331">NCDPS policy requires all full and part-time medical and mental health practitioners who work regularly in its facilities receive specialized training in the following:</p> <ul data-bbox="280 383 1278 510" style="list-style-type: none"> • Detecting and assessing signs of sexual abuse and sexual harassment; • Preserving physical evidence of sexual abuse; • Responding effectively and professionally to victims of sexual abuse and sexual harassment; and • How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p data-bbox="240 539 1102 568">Medical practitioners at the Dart Center do not conduct forensic medical examinations.</p> <p data-bbox="240 598 488 627">Evidence Relied Upon:</p> <p data-bbox="240 656 1031 685">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 8-9</p> <p data-bbox="240 714 1035 743">Facility SOP - .1200 Community-Based Sexual Abuse and Harassment, pg. 7-8</p> <p data-bbox="240 772 440 801">Training Curriculum</p> <p data-bbox="240 831 416 860">Training Records</p> <p data-bbox="240 889 596 918">Interview with Medical Practitioners</p> <p data-bbox="240 947 647 976">Interview with Mental Health Practitioner</p> <p data-bbox="240 1005 464 1034">Analysis/Reasoning:</p> <p data-bbox="240 1064 1495 1254">The North Carolina Department of Public Safety training personnel have developed the agency's specialized medical training curriculum. The specialized medical training is titled, "PREA - Sexual Abuse and Sexual Harassment Medical & Mental Health Response. The specialized training curriculum includes detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims, and how to report allegations or suspicions of sexual abuse and sexual harassment. Each medical and mental health professional is required to receive the specialized training during their orientation and prior to performing services in agency facilities.</p> <p data-bbox="240 1283 1458 1478">Medical and mental health services at the Dart Center are performed by NCDPS employees and contract personnel. All personnel who provide medical and mental health services are required by agency policy to complete specialized medical training. The Auditor reviewed the records of all medical and mental health practitioners. A review of records revealed one medical practitioner completed the specialized medical training. The Auditor discovered all medical and mental health practitioners had received the PREA training offered to all NCDPS employees. The facility documents attendance in specialized medical and regular PREA training.</p> <p data-bbox="240 1507 1495 1769">The Auditor conducted formal interviews with medical and mental health practitioners. Practitioners informed the Auditor they have received the training offered to all NCDPS employees. One medical practitioner stated she had attended the specialized medical training. The Auditor was informed the training was provided during an orientation to the facility. The Auditor questioned the medical practitioner about the training topics as required by this standard. The Auditor asked the practitioner to explain how she examines and treats sexual abuse victims. The practitioner explained she treats any life-threatening injuries. When asked how she preserves any evidence the practitioner stated she handles evidence with care and places it in a paper bag. The practitioner explained if there are no life-threatening injuries the nurse will obtain vital sign and obtain as much information as possible from the victim.</p> <p data-bbox="240 1798 1490 1960">The Auditor was informed by medical and mental health practitioners they are required to immediately report any and all knowledge, suspicion or information related to sexual abuse, unless the abuse occurred in a community setting. Medical personnel at the Dart Center do not conduct forensic examinations. Forensic examinations are performed by a Sexual Abuse Nurse Examiner at a local hospital.</p> <p data-bbox="240 1989 544 2018">Corrective Action Required:</p> <p data-bbox="240 2047 1490 2143">The facility shall ensure each medical and mental health practitioner, including contract providers receive the "PREA - Sexual Abuse and Sexual Harassment Medical & Mental Health Response" training. Each medical and mental health provider shall sign acknowledgement for receipt and understanding of the training received. The facility is required to complete the</p>

corrective action within six months of this report date. The facility shall provide the Auditor with copies of each medical and mental health practitioner's signed acknowledgement or other electronic means of capturing the training.

Corrective Action Taken:

The facility ensured each medical and mental health practitioner completed the "PREA - Sexual Abuse and Sexual Harassment Medical & Mental Health Response" training. Each participant signed an acknowledgement for receipt of training. The PREA Compliance Manager uploaded copies of the signature sheets and certificate of attendance. The Auditor reviewed documents that reveal each medical and mental health practitioner received the training as required by this standard.

Conclusion:

The auditor conducted a review of NCDPS policies, procedures, training curriculum, training records and interviewed medical and mental health practitioners. After corrective action the Auditor determined the facility meets the requirements of this standard.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1477 398">The agency's policy requires diagnostic staff administer the Department of Safety OPUS Mental Health Screening Inventory (MHSI) and screening for risk of victimization and abusiveness to all newly admitted offenders. The screening is required to be completed within 3 days of arrival. The agency requires an objective screening instrument that obtains the following minimum biographical data:</p> <ul data-bbox="280 450 1485 875" style="list-style-type: none"> • Whether the offender has a mental, physical, or developmental disability; • The age of the offender; • The physical build of the offender; • Whether the offender has previously been incarcerated; • Whether the offender's criminal history is exclusively nonviolent; • Whether the offender has prior convictions for sex offenses against an adult or child; • Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; • Whether the offender has previously experienced sexual victimization; • The offender's own perception of vulnerability; • Whether the offender is detained solely for civil immigration purposes; and • The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. <p data-bbox="240 909 1490 1003">Within 30 days of an offender's arrival, staff are required to reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The agency also requires an offender's risk level be reassessed when warranted due to a referral.</p> <p data-bbox="240 1032 1490 1160">The NCDPS policy requires facilities implement appropriate controls on the dissemination of responses to questions asked in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders. Staff are prohibited from disciplining offenders for refusing to answer or for not disclosing complete information during screening or assessment.</p> <p data-bbox="240 1189 1034 1216">The facility SOP mirrors the agency policy regarding the screening of residents.</p> <p data-bbox="240 1245 488 1272">Evidence Relied Upon:</p> <p data-bbox="240 1301 1054 1328">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 10-13</p> <p data-bbox="240 1357 759 1384">Agency Policy - 305 Diagnostic Procedures, pg. 1-2</p> <p data-bbox="240 1413 1062 1440">Facility SOP - Community-Based Facility Sexual Abuse and Harassment, pg. 9-10</p> <p data-bbox="240 1469 1278 1496">Health Services Policy - TX I-13 Evaluation and Management of Disorders of Gender Dysphoria, pg. 1-2</p> <p data-bbox="240 1525 424 1552">Resident Records</p> <p data-bbox="240 1581 443 1608">Interviews with Staff</p> <p data-bbox="240 1637 499 1664">Interviews with Residents</p> <p data-bbox="240 1693 464 1720">Analysis/Reasoning:</p> <p data-bbox="240 1749 1477 1843">The agency conducts initial screenings in the assigned housing unit of each resident upon the resident's arrival. The Dart Center utilizes the Screening for Victimization and Abusiveness form. The Auditor observed the facility collects the following information when screening residents:</p> <ul data-bbox="280 1895 1334 2141" style="list-style-type: none"> • Mental, physical, and developmental disabilities; • Age of the resident; • Physical stature; • Previous offenses; • Criminal history, including exclusively non-violent history; • Prior convictions for sex offenses against adults or children; • Sexual orientation, including gay, lesbian, bi-sexual, transgender, intersex and gender non-conforming;

- Previous experiences of sexual victimization; and
- Offender's own perception of vulnerability.

In addition, the agency's screening considers the following:

- Prior acts of sexual abuse;
- Prior convictions for violent offenses; and
- History of prior institutional violence or sexual abuse.

Each resident who enters the Dart Center is initially screened on the day of arrival. The staff member questions the resident utilizing the Screening for Victimization and Abusiveness form. All answers are maintained on the form in each resident's record. When a resident is transported to another facility, the receiving facility is required to conduct its own risk assessment of the resident. Any resident identified at risk are included on the agency's High Risk of Victimization (HRV) and/or High Risk of Abusiveness (HRA) report.

The Auditor conducted a formal interview with staff responsible for conducting risk screenings. Staff informed the Auditor risk screenings occur in an office. The office is a private area and is conducted in a manner where other residents and staff cannot hear the answers provided by the resident. The Auditor asked staff how long after arrival do they conduct the risk screening and assessments. Staff meet with residents within minutes on their day of arrival. The Auditor asked if any reassessments are conducted of residents after the initial assessment. Staff explained a reassessment is conducted within 30 days, upon a referral, request and after an alleged incident of sexual abuse. The Auditor asked if other staff is able to see if a resident has been previously victimized by sexual abuse. Staff stated only those who are able to make decisions are able to see the resident's responses. Other staff are limited to the residents' names that are placed on the HRV/HRA report.

The Auditor asked staff to explain what they do if a resident refuses to answer the questions. Staff stated they refer to all information that is included in the OPUS system when making decisions. The Auditor asked if they discipline a resident for refusing to answer the questions. Each staff member stated they do not discipline residents for refusal to answer the questions.

The Auditor conducted a review of 16 resident classification records. Each record included the Screening for Victimization and Abusiveness forms used to screen residents upon arrival. Each resident had been screened within 72 hours of their arrival at the Dart Center. The facility documents a 30-day reassessment at the bottom of the Screening for Victimization and Abusiveness form. A review of records revealed each resident had been reassessed within 30-days of their initial screening.

The Auditor conducted formal interviews with staff. Staff were asked if they have access to the information obtained from a resident's risk screening conducted during the booking process. All randomly selected staff informed the Auditor their access in the OPUS is limited and could not see the assessments. The Auditor was informed each staff member is provided a unique username and password. The agency limits staff access in OPUS based upon their position in the agency. Access to such records is only granted to staff who make treatment, housing, and classification decisions.

The Auditor conducted formal interviews with residents. All residents targeted for interviews and randomly chosen for interviews were asked if they had been asked questions as previously listed during the intake process. Residents stated they were asked such questions during the booking process.

Conclusion:

The facility's risk screening staff is attempting to discover the level of risk of sexual victimization or sexual abusiveness of residents during the booking process and within 30 days of arrival, after receiving a request or referral, and following an incident of sexual abuse. The Auditor reviewed agency policies, procedures, resident records, interviewed staff and residents to determine the facility meets the requirements of this standard.

115.242	Use of screening information
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1493 365">The policy of the agency is to use information from the risk screening to determine housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. When managing housing, bed, work and program assignments the agency requires:</p> <ul data-bbox="284 418 1477 846" style="list-style-type: none"> • Any offender identified as a high risk abuser shall be restricted from double-cell housing; • A report of newly admitted high risk abusers will be reviewed weekly by Prisons Administration, Manager of Classification Services, or designee to activate a Central Monitoring file to prevent double cell housing; • Designated personnel at each facility, as authorized by the Director of Prisons, will generate a list of high risk abusers using the web-based security search tool; • The facility shall make individualized determination for bed assignments, based on facility housing designs, to ensure the safety of each offender; • Facilities will consider such factors as the amount of staff supervision in the area, the presence or absence of surveillance equipment, and whether the job is in an isolated area prior to making assignments for high risk abusers; • Designated staff at each facility shall review the web-based security search tool weekly, or more often as deemed appropriate, to monitor any high risk abusers assigned to their facility; and • Facilities shall take appropriate action to ensure all job and program assignments are appropriate for high-risk abusers. <p data-bbox="240 878 1484 1070">Agency staff are required to make individualized determinations about how to ensure the safety of each offender. Policy requires the facility take into consideration whether an assignment would ensure the offender's health and safety, and whether the assignment would present management or security problems when deciding whether to assign a transgender or intersex offender to a male or female facility and in making other housing and programming assignments. Specialized decisions to provide specific individual accommodations to Gender Dysphoria offenders are made by a multidisciplinary panel. Policy requires the panel consist, at minimum, representatives from:</p> <ul data-bbox="284 1124 539 1317" style="list-style-type: none"> • Prison Psychiatry • Prison Psychology • Social Work • Primary Care Medicine • Nursing • Administration/Custody <p data-bbox="240 1348 1477 1574">Agency staff are required to seriously consider a transgender and intersex offender's own views with respect to their own safety. Facility housing and programming assignments are reviewed at least twice each year by the case manager for any threats to safety experienced by transgender and intersex offenders. Each transgender and intersex offender must be given the opportunity to shower separately from other offenders in NCDPS facilities. The agency prohibits placing lesbian, gay, bisexual, transgender, or intersex offenders in a dedicated facility, housing unit, or wing solely on the basis of such identification or status, unless the placement is in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders.</p> <p data-bbox="240 1606 488 1632">Evidence Relied Upon:</p> <p data-bbox="240 1664 1054 1691">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 13-14</p> <p data-bbox="240 1722 1083 1749">Agency Policy - .2700 Evaluation & Management Transgender Offenders, pg. 2, 3, 5</p> <p data-bbox="240 1780 1074 1807">Facility SOP - Community-Based Facility Sexual Abuse and Harassment, pg. 10-12</p> <p data-bbox="240 1839 389 1865">HRV/HRA Log</p> <p data-bbox="240 1897 424 1924">Resident Records</p> <p data-bbox="240 1955 445 1982">Interviews with Staff</p> <p data-bbox="240 2013 497 2040">Interviews with Residents</p> <p data-bbox="240 2072 376 2098">Observations</p> <p data-bbox="240 2130 464 2157">Analysis/Reasoning:</p>

The Auditor reviewed 16 resident classification records. Of the records reviewed there was one resident who identified as transgender and one who identified as gay. Staff screens each resident entering the facility. The facility utilizes the Alcohol and Chemical Dependency Programs Screening for Victimization and Abusiveness form. Screening staff utilize information obtained on the form to identify residents who may be at risk of sexual victimization and/or sexual abusiveness. A report identifying those residents is maintained at the facility.

Staff screens residents upon their arrival at the Dart Center. Staff make individualized considerations when determining how a resident is assigned housing, bed, work and other assignments to ensure each resident is maintained safely in the facility based on the information maintained in OPUS and information provided by each resident. The assessment form considers a resident's own views of safety when determining assignments. The Auditor observed staff is utilizing information obtained from the risk screening to assign facility work and program assignments to ensure those residents are protected. Housing and bed assignments are assigned upon arrival. Each housing unit has a north and south side where those identified as potential abusers can be housed separately from those identified as potential victims. Staff considers a residents own perceptions of their safety before making classification decisions.

The Auditor asked if staff consider a transgender/intersex resident's own perception regarding their safety in the facility. Staff informed they consider all residents own perceptions regarding their safety. A review of resident records reveals staff are considering resident's own perceptions of safety. The Auditor asked if there were any transgender/intersex residents currently housed in the facility. Staff informed the Auditor the facility has one resident who identifies as transgender.

The Auditor conducted a formal interview with a resident who identifies as transgender. The resident was asked if staff provide the resident an opportunity to shower separately from other residents. The resident informed the Auditor staff allow the resident to utilize a shower on the first floor of the housing unit. Other residents are not authorized to use the first floor showers. The Auditor asked if the resident has been placed in a dedicated housing unit. The Auditor was informed the resident is not housed in a dedicated housing unit. The Auditor asked if the resident was able to provide input in views towards safety and housing assignments. The Auditor was informed the resident was able to provide input and explained staff periodically meet with the resident.

The Auditor conducted formal interviews with a resident who identified as gay. The resident was asked if he was placed in a dedicated housing unit. The resident had not been housed as such. The Auditor reviewed the classification records of the resident. Facility personnel utilized individual determinations when assigning housing, programming, education and work assignments to the resident. The resident was asked about his own thoughts regarding his safety in the facility.

The auditor observed all housing units in the facility during a detailed tour. While touring, the Auditor observed all shower and restroom areas. Transgender and intersex residents have the opportunity to shower separately from other residents in all facility housing units. Each housing unit has a shower on the first floor where transgender and intersex residents utilize. The shower is individual and allows the resident to shower alone.

At the time of the audit the Dart Center was not under a consent decree, legal settlement, or legal judgement for the purpose of protecting lesbian, gay, bisexual, transgender or intersex residents.

Conclusion:

The Auditor concluded the facility is making individualized determinations when assigning housing, bed, work, programming and education assignments to residents. The agency has appropriate policies, procedures and practices in place to protect those identified at high risk of victimization. The facility does allow transgender and intersex residents the opportunity to shower separately from other residents in the Dart Center. The Auditor conducted a review of policies, procedures, HRS/HRV Report, resident records, made observations, interviewed staff and residents to determine the facility meets the requirements of this standard.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1484 398">The North Carolina Department of Public Safety policy provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Internal and/or external reporting for residents at the Dart Center may be made verbally or through written communication in the following manners:</p> <ul data-bbox="280 450 1461 678" style="list-style-type: none"> • To any Alcoholism and Chemical Dependency Program or Department of Public Safety employee; • Administrative remedy process; • PREA/Grievance locked box where applicable; • A toll free PREA telephone number for reporting directly to the PREA Office incidents of sexual abuse and/or sexual harassment (where applicable); and • Third Party Reporting: can be made via email, phone, or letter. <p data-bbox="240 707 1479 869">The North Carolina Department of Public Safety requires staff to accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties and requires staff promptly document verbal reports on an Incident Report. The agency also requires staff accept any report of sexual abuse and sexual harassment made through the grievance procedure and immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment.</p> <p data-bbox="240 898 1326 925">The agency's policy stipulates staff can privately report sexual abuse and sexual harassment of residents by:</p> <ul data-bbox="280 976 1321 1070" style="list-style-type: none"> • The PREA office by email at PREA@ncdps.gov, or by telephone at (number provided); • Anonymously by contacting the Fraud, Waste, Abuse & Misconduct Hotline at (number provided); and • Local law enforcement agency. <p data-bbox="240 1099 1482 1162">The facility's policy requires staff immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the agency.</p> <p data-bbox="240 1191 488 1218">Evidence Relied Upon:</p> <p data-bbox="240 1247 1054 1274">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 16-17</p> <p data-bbox="240 1303 1010 1330">Facility SOP - .0600 Sexual Abuse and Sexual Harassment Procedure, pg. 3</p> <p data-bbox="240 1359 1029 1386">Facility SOP - .1200 Community-Based Sexual Abuse and Harassment, pg. 12</p> <p data-bbox="240 1415 408 1442">Agency Website</p> <p data-bbox="240 1471 443 1498">Resident Handbook</p> <p data-bbox="240 1527 598 1554">Sexual Abuse Awareness Brochure</p> <p data-bbox="240 1583 397 1610">Facility Posters</p> <p data-bbox="240 1639 442 1666">Training Curriculum</p> <p data-bbox="240 1695 416 1722">Training Records</p> <p data-bbox="240 1751 424 1778">Resident Records</p> <p data-bbox="240 1807 445 1834">Interviews with Staff</p> <p data-bbox="240 1863 499 1890">Interviews with Residents</p> <p data-bbox="240 1919 376 1946">Observations</p> <p data-bbox="240 1975 464 2002">Analysis/Reasoning:</p> <p data-bbox="240 2031 1485 2058">The facility's Community-Based Sexual Abuse and Harassment policy includes the following reporting avenues for residents:</p> <ul data-bbox="280 2110 1286 2136" style="list-style-type: none"> • To any Alcoholism and Chemical Dependency Program or Department of Public Safety employee;

- Administrative remedy process;
- PREA/Grievance locked box where applicable; and
- A toll free PREA telephone number for reporting directly to the PREA Office incidents of sexual abuse and/or sexual harassment (where applicable).

The agency policy stipulates residents may privately report sexual abuse and sexual harassment, retaliation by other residents or

staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents may report allegations of sexual abuse through a hotline number. The hotline is monitored by Global Tel Link (GTL). GTL is not part of the agency. GTL immediately forwards allegations of sexual abuse and sexual harassment to the PREA Office and allows residents to remain anonymous upon their request.

The Auditor reviewed the agency's Sexual Abuse Awareness Brochure. Each resident is provided the brochure during their intake. The brochure informs residents to report sexual abuse or sexual harassment immediately to a staff member or law enforcement. Each resident receives an orientation upon arrival at the Dart Center. Each is provided the orientation and receives a copy of the Resident Handbook. The handbook informs residents they may report allegations of sexual abuse:

- To any departmental employee;
- Through the administrative remedy process (grievance);
- By writing to the PREA Office at MSC-4201;
- To a third party to include family members, friends, outside organization;
- To the Local Rape Crisis Center: GTL *63
- Prisoner Legal Services (address provided); and
- Anonymous reports will be investigated

The handbook also includes a section for family and friend reporting. The handbook stipulates family and friends can report:

- By email to PREA@ncdps.gov;
- By phone to the Fraud, Waste, Abuse or Misconduct Hotline (number provided); and
- To any facility staff

The Auditor reviewed the records of 16 residents. A review of records revealed each resident was provided the Sexual Abuse Awareness Brochure and provided an orientation at the facility. Each resident received a copy of the Resident Handbook. All 16 residents signed an acknowledgement form documenting their understand of the available reporting avenues.

The Auditor participated in a detailed tour of the Dart Center. The tour included all resident housing units and support areas. Observations were made of posters and postings throughout the facility that inform residents about the agency's zero-tolerance to sexual abuse and sexual harassment and how to report allegations of sexual abuse and sexual harassment. The postings include the agency's available hotline numbers. Residents are not required to input a designated PIN number to dial the hotline number. This allows residents the option to remain anonymous upon request.

The Auditor reviewed staff training records. The agency's training includes the reporting avenues available to the resident population. All staff are provided the training in orientation, during the academy training and during in-service training. Staff are informed of their avenue for privately reporting allegations of sexual abuse and sexual harassment in the agency's policy as listed in the "Auditor Discussion" section above. The facility policy stipulates staff may privately report by email or telephone to the PREA Office, Anonymously through the Fraud, Waste, Abuse & Misconduct Hotline, and to local law enforcement.

The Auditor reviewed the North Carolina Department of Public Safety website. The website includes a link to submit a report of undue familiarity or sexual misconduct." The website informs the public they may report allegations by contacting:

- Prison facility or judicial district office;
- Officer-in-charge or probation officer;
- Facility or division administrator;
- Correctional employee;
- Division director's office;
- Department of Public Safety Communications Officer (Number provided); and
- PREA Administration office (number and email provided).

The facility has materials posted that include the avenues of reporting for residents, family and friends, and staff. The poster includes the following reporting avenues for residents:

- To Any departmental employee;
- Through the Administrative remedy process (Grievance);
- Writing a letter to the PREA Office- MSC 4201;
- Third party to include family members, friends, outside organization; and
- Local Rape Crisis Center.

Family and Friends reporting avenues include:

- Email (email address provided);
- By phone to the Fraud, Waste, Abuse or Misconduct Hotline (number provided); or
- Anonymously by phone, mail, or email.

Staff Reporting Avenues include:

- Immediately through the chain of command;
- Contacting the PREA Office via phone or email; or
- Fraud, Waste and Abuse or Misconduct Hotline at (number provided).

The Auditor conducted formal interviews with randomly chosen staff. Each staff member was asked if he/she is required to accept any and all reports of sexual abuse, sexual harassment, retaliation and staff neglect. Staff informed the Auditor they are required to accept such reports. Staff stated they are required to report allegations immediately and include the information on a written Incident Report. Each staff member was asked how they would privately report an allegation. The Auditor was informed staff would report privately to their supervisor or the next highest person in the chain of command, use the hotline number, or report to the PREA Compliance Manager.

The Auditor conducted formal interviews with randomly chosen and specifically targeted residents. Residents were asked to explain how they would report an allegation of sexual abuse, sexual harassment, retaliation, or staff neglect. Each resident informed the Auditor they would notify a staff member verbally. Each resident is aware of the available hotline number. Residents understand the available reporting avenues and are aware they can make a report anonymously and/or by third-party. Each resident understands they can make an allegation through the formal grievance mechanism.

The Auditor conducted a formal interview with a contractor. The Auditor asked if contractors are required to report any knowledge, suspicion or information regarding an act of sexual abuse or sexual harassment. The contractor informed the Auditor contractors are required to immediately report such. When asked if contractors are required to document the information, the Auditor was informed they would be required to write a report.

Conclusion:

The North Carolina Department of Public Safety provides multiple ways for residents to report allegations of sexual abuse and sexual harassment, including a private organization that is not part of the agency who immediately forwards reports of sexual abuse and sexual harassment to the PREA Director. The facility requires staff to accept, report and document all allegations of sexual abuse and sexual harassment. The Auditor reviewed agency policies, procedures, Sexual Abuse Awareness Brochure, Website, postings, Resident Handbook, posters, training records, made observations, interviewed staff, residents and determined the facility meets the requirements of this standard.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 600">The North Carolina Department of Public Safety is not exempt from this standard as it maintains procedures to address offender grievances alleging sexual abuse. Agency policy does not impose a time limit on any portion of a grievance alleging sexual abuse and does not impose a time limit when an offender may file a grievance alleging sexual abuse. The agency does apply time limits to any portion of a grievance that does not allege an incident of sexual abuse. The policy requires the Grievance Officer move forward with the specific steps outlined in the policy to address grievances alleging sexual abuse. When submitting a grievance alleging sexual abuse an offender is not required to exhaust informal means or participate in any process which requires interaction with the alleged perpetrator. Policy states, "No employee who appears to be involved in an inmate sexual abuse or harassment allegation shall participate in any capacity in the response." NCDPS policy stipulates, "Nothing in this Section shall waive or in any way restrict the right or ability of the Division of Adult Correction or Department of Public Safety to assert a statute of limitations defense in a lawsuit brought by an inmate."</p> <p data-bbox="240 629 1485 857">If at any level of the administrative remedy process, including the final level, the offender does not receive a response within the time provided for reply, including any properly noticed extension, the absence of a response shall be a denial at that level which the offender may appeal. Agency emergency grievances alleging a substantial risk of imminent sexual abuse are immediately forwarded to a level of review at which immediate corrective action can be taken. An initial response is required within 48 hours of receipt and a final decision within 5 calendar days. The initial and final decisions document the facility's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.</p> <p data-bbox="240 887 1485 981">The agency's policy allows prisons to grant an extension up to 70 days to respond to the grievance if the normal time limit to respond to the grievance is insufficient to render an appropriate decision. If the facility grants an extension, it shall notify the offender in writing of the extension and provide a date by which a final decision will be made.</p> <p data-bbox="240 1010 1485 1205">The agency allows third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates to assist offenders in filing grievances relating to allegations of sexual abuse and allows the third party to file such requests on behalf of offenders. The facility requires, as a condition of processing the request, the alleged victim agree to have the request filed on his or her behalf, and will also require the alleged victim to personally pursue any subsequent steps in the process. If the offender declines to have the request processed on his or her behalf, the facility is required to document the decision.</p> <p data-bbox="240 1234 1485 1294">Policy allows staff to discipline an offender for filing a grievance related to an allegation of sexual abuse only when the facility can demonstrate the offender filed the grievance in bad faith.</p> <p data-bbox="240 1323 488 1350">Evidence Relied Upon:</p> <p data-bbox="240 1379 882 1406">Agency Policy - .0300 Administrative Remedy Process, pg. 1-11</p> <p data-bbox="240 1435 746 1462">Facility SOP - .0700 Grievance Procedure, pg. 1-8</p> <p data-bbox="240 1491 443 1518">Resident Handbook</p> <p data-bbox="240 1547 472 1574">Ways to Report Poster</p> <p data-bbox="240 1603 443 1630">Interviews with Staff</p> <p data-bbox="240 1659 499 1686">Interviews with Residents</p> <p data-bbox="240 1715 464 1742">Analysis/Reasoning:</p> <p data-bbox="240 1771 1477 1910">The Auditor reviewed the Resident Handbook. The handbook includes a section regarding the submission of grievances. The Auditor read this section of the handbook and found the facility has not included information regarding the submission of grievances alleging sexual abuse or alleging an imminent risk of sexual abuse. The agency's Ways to Report poster informs residents the grievance process is a reporting option.</p> <p data-bbox="240 1939 1469 2078">The Auditor conducted formal interviews with residents. Residents were asked to explain the different ways of reporting allegations of sexual abuse and an imminent risk of sexual abuse. Each resident is aware the facility accepts allegations of sexual abuse through the grievance mechanism. None of the residents interviewed by the Auditor had filed a grievance alleging sexual abuse or alleging an imminent risk of sexual abuse.</p> <p data-bbox="240 2107 1449 2161">The Auditor conducted interviews with facility staff. Staff were asked if residents could submit a grievance alleging sexual abuse and/or alleging an imminent risk of sexual abuse. Each staff member is aware residents can file such grievances.</p>

Supervisors interviewed by the Auditor explained their responsibilities in responding to grievances alleging an imminent risk of sexual abuse. Supervisors informed the Auditor they take immediate action to ensure the safety of the resident. The Auditor was informed the resident is provided a response within 48 hours. The Auditor asked what is included in the written response. The Auditor was informed they include whether the resident is at substantial risk of imminent sexual abuse and the supervisors actions taken in response to the emergency grievance.

The Dart Center reported no resident submitted a grievance alleging an imminent risk of sexual abuse and no resident submitted a grievance alleging sexual abuse within the previous 12 months.

Conclusion:

The Auditor determined the NCDPS has appropriate policies and procedures in place for addressing resident allegations of sexual abuse and an imminent risk of sexual abuse. Facility staff understand the agency's procedures and the resident population is aware they can submit grievances alleging sexual abuse and/or risk of imminent sexual abuse. The Auditor reviewed agency policies, procedures, Resident Handbook, and conducted interviews with staff and offenders to determine the facility meets the requirements of this standard.

The Auditor recommends the facility consider updating its Resident Handbook to inform residents of the response to grievances alleging sexual abuse and an imminent risk of sexual abuse.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The North Carolina Department of Public Safety provides residents access to confidential emotional support services related to sexual abuse through a contract with a community provider. Policy requires facilities enable reasonable communications between residents and the organization, in as confidential manner as possible. Facilities are required to inform residents prior to giving them access of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Resident victims are provided information explaining how to access outside victim advocates for free emotional support services related to sexual abuse by the facility PREA Support Person (PSP).</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 21</p> <p>Facility SOP - .1200 Community-Based Facility Sexual Abuse and Harassment, pg. 14-15</p> <p>OPA-I30</p> <p>Sexual Abuse Awareness for the Offender Brochure</p> <p>Dart Center Resident Handbook, pg. 27</p> <p>MOU with Wayne Uplift Domestic Violence and Sexual Assault Program</p> <p>Offender PREA Education Acknowledgement Forms</p> <p>Interviews with Staff</p> <p>Interviews with Residents</p> <p>Observations</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the agency's Memorandum of Understanding with Wayne Uplift Domestic Violence and Sexual Assault Program. The MOU stipulates Wayne Uplift agrees to the following:</p> <ul style="list-style-type: none"> • Respond to requests from Dart Center to provide advocacy when residents are brought to Wayne Memorial Hospital for sexual assault forensic exam; • Provide advocacy to residents that have been sexually assaulted and have requested assistance in the healing process for support; • Provide follow-up services when residents may need them as resources allow; • Work with Dart Center designated officials to obtain security clearance and follow all facility guidelines for safety and security as necessary; • Maintain confidentiality regarding communications with residents detained at Dart Center; • Take any training that is required by Dart Center regarding entry into facility; • Communicate any questions or concerns about the MOU or Dart Center program; • For security purposes provide any material to Dart Center for approval; and • Program Director will attend meetings with PREA staff. <p>Each resident is provided the Sexual Abuse Awareness for the Offender brochure. The brochure provides the contact number and website address for the Rape, Abuse and Incest National Network (RAINN). The brochure informs residents RAINN provides live, secure, and anonymous crisis support for victims of sexual assault. The service is free of charge and is available 24 hours per day, 7 days per week. The brochure also informs residents the North Carolina Coalition Against Sexual Assault can connect residents to a local rape crisis center. The telephone number for the coalition is provided on the brochure.</p> <p>Each resident signs a PREA Education Acknowledgement form after being provided the written information and comprehensive education upon arrival. The Auditor reviewed the files of 16 residents. Each resident had signed the acknowledgement form. Residents are informed during their arrival how to access outside emotional support services.</p> <p>The Auditor observed the facility did not inform residents to the extent phone calls to the rape crisis center are recorded or</p>

monitored. The PREA Compliance Manager revised language in the Dart Center Resident Handbook. The Auditor reviewed the Dart Center Resident Handbook. The handbook includes the available reporting avenues for residents. Residents are informed they can call the local rape crisis center. The handbook stipulates calls to the rape crisis center are not recorded or monitored.

The Auditor conducted formal interviews with residents. Each was asked if they were aware of confidential support services. Some residents were aware of the services while others were not aware. Most residents stated they did not pay attention as they have no need for such services. Residents were asked if they were provided written information upon their arrival to the facility. Each stated they had been provided written information. The Auditor was informed each resident was provided a comprehensive education upon arrival. The Auditor asked all residents if they had noticed posted materials in their housing units. Each had seen the materials. Most residents stated they have seen the information about the rape crisis center posted in the housing units.

The Auditor conducted an interview with the PREA Support Person. The PSP was asked if resident victims have access to confidential support services. The PSP stated victims are informed of the services following an incident of sexual abuse and during booking. The facility's medical and mental health practitioners also discuss services with the resident victim. The PSP stated he is contacted immediately following an incident of sexual abuse as the PSP is required to provide support during the forensic examination when requested by the victim. The role of the PSP is to ensure victims receive services and follow-up services as required by this standard. The PSP is required to document services offered to victims. The PSP notifies the Wayne County Rape Crisis Center following an incident of sexual abuse when a victim requests such services.

The PSP uses the agency's OPA-I30 form to inform alleged victims that community-based advocates and/or mental health professionals in the facility are available. There were no residents housed at the time of the audit who had suffered sexual abuse and were provided services by the PSP or Wayne County Rape Crisis Center.

The facility has received no allegations of sexual abuse during this audit period.

Conclusion:

The facility maintains documentation it provides emotional support services for sexual abuse victims through a written agreement. Contact information with the organization is provided in the Resident Handbook and postings in the housing units. The Auditor reviewed the NCDPS policies, procedures, Memorandum of Understanding, Resident Handbook, training acknowledgements, made observations and interviewed staff and residents to determine the facility meets the requirements of this standard.

115.254	Third party reporting
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1473 331">The North Carolina Department of Public Safety has established a policy to accept third-party reports of sexual abuse and sexual harassment through email, phone or letter. The agency has publicly distributed the reporting avenues on its website.</p> <p data-bbox="240 362 1126 389">The facility SOP stipulates, third-party reporting "can be made via email, phone, or letter.</p> <p data-bbox="240 421 488 448">Evidence Relied Upon:</p> <p data-bbox="240 479 1023 506">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 17</p> <p data-bbox="240 537 1104 564">Facility SOP - .1200 Community-Based Facility Sexual Abuse and Harassment, pg. 12</p> <p data-bbox="240 595 408 622">Agency Website</p> <p data-bbox="240 654 517 680">Third Party Reporting Form</p> <p data-bbox="240 712 443 739">Resident Handbook</p> <p data-bbox="240 770 397 797">Facility Posters</p> <p data-bbox="240 828 445 855">Interviews with Staff</p> <p data-bbox="240 887 499 913">Interviews with Residents</p> <p data-bbox="240 945 376 972">Observations</p> <p data-bbox="240 1003 464 1030">Analysis/Reasoning:</p> <p data-bbox="240 1061 1414 1146">Each resident is provided the Resident Handbook upon arrival. The Auditor reviewed the facility's Resident Handbook. The handbook informs residents they may tell a family member, friend or outside organization to report an allegation for them.</p> <p data-bbox="240 1155 1399 1214">The Auditor reviewed the agency's website. The website includes a link to the agency's Prison Rape Elimination Act information. The website directs the public they can file an allegation to the:</p> <ul data-bbox="282 1267 1005 1491" style="list-style-type: none"> • Prison facility or judicial district office; • Officer-in-charge or probation officer; • Facility or division administrator; • Correction employee; • Division director's office; • Dept. of Public Safety Communications Office (number provided); and • PREA Administration office (number and email provided). <p data-bbox="240 1523 1473 1617">The agency website includes a link to directly report an allegation of "undue familiarity or sexual misconduct." The reporting method is hyperlinked.</p> <p data-bbox="240 1648 1482 1809">The Auditor participated in a detailed tour of the Dart Center. During the tour the Auditor observed PREA materials posted in all housing units and service areas, written in English and Spanish. The Dart Center materials provided to and for residents inform they may have a third party make an allegation of sexual abuse and sexual harassment on their behalf. The facility has a poster that informs family members and friends they can report allegations of sexual abuse or harassment to the NCDPS. Reports can be made by:</p> <ul data-bbox="282 1863 1171 1957" style="list-style-type: none"> • Email: PREA@ncdps.gov; • By phone to the Fraud, Waste, Abuse or Misconduct Hotline at (number provided); and • Anonymously by phone, mail, or email. <p data-bbox="240 1989 1461 2145">The Auditor conducted formal interviews with staff. Staff was asked about accepting reports of sexual abuse and sexual harassment. Each staff member stated they are required to accept all reports of sexual abuse and sexual harassment, including those made by a third party. Staff stated they are required to immediately report the allegation to their supervisor and document the information on an Incident Report.</p>

The Auditor conducted formal interviews with residents. Each resident was asked what avenues were available for making an allegation of sexual abuse or sexual harassment. The collective responses from residents included telling a staff member, filing a grievance, calling the hotline, or have another person make the allegation on their behalf. Residents understand how to have a third party file an allegation on their behalf.

The Auditor conducted a formal interview with the facility investigator. The investigator was asked in what ways she has received reports of sexual abuse and sexual harassment. The investigator explained she has not received an allegation of sexual abuse since being assigned as the facility investigator. The investigator conducted one investigation during this audit cycle. The allegation was made verbally by the resident. The investigator was asked how she would conduct an investigation if received anonymously or made by a third party. The investigator stated third party and anonymously reported allegations are investigated in the same manner as all other investigations that are received.

Conclusion:

The Auditor determined the facility accepts all reports, including third-party reports, of sexual abuse and sexual harassment. The public is informed through the agency's website how to make a third-party report on behalf of a resident. The Auditor reviewed agency policy, procedures, website, posted PREA materials, Resident Handbook, Third Party Reporting Form, interviewed staff, residents, made observations and determined the facility meets the requirements of this standard.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1481 499">The North Carolina Department of Public Safety has established a policy that requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Agency staff are prohibited from reporting information related to a sexual abuse to anyone other than the extent necessary to make treatment, investigation, and other security and management decisions, apart from reporting to supervisors. Staff are informed through the agency's policy they are subject to disciplinary action for failing to report alleged incidents of sexual abuse and sexual harassment.</p> <p data-bbox="240 528 1481 790">At the initiation of services, medical and mental health practitioners are required to advise the resident of the practitioner's duty to report and the limitations of confidentiality, unless otherwise precluded by Federal, State, or local law. Medical and mental health practitioners are required by policy to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. Medical and mental health practitioners are mandatory reporters for residents under the age of 18 and/or considered a vulnerable adult under a state or local vulnerable statute. Policy requires they report to the NC Department of Social Services.</p> <p data-bbox="240 819 1490 981">The agency's policy requires all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports be immediately reported to the facility designated investigator. The facility's policy requires "All staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency." The policy requires all reports of sexual abuse and sexual harassment be forwarded to the Facility Head and the PREA Office.</p> <p data-bbox="240 1010 874 1037">The facility SOP includes similar elements of the agency policy.</p> <p data-bbox="240 1066 488 1093">Evidence Relied Upon:</p> <p data-bbox="240 1122 1054 1149">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 17-18</p> <p data-bbox="240 1178 1137 1205">Facility SOP - .1200 Community-Based Facility Sexual Abuse and Harassment, pg. 12-13</p> <p data-bbox="240 1234 440 1261">Training Curriculum</p> <p data-bbox="240 1290 448 1317">Investigative Record</p> <p data-bbox="240 1346 443 1373">Interviews with Staff</p> <p data-bbox="240 1402 504 1429">Interviews with Contractor</p> <p data-bbox="240 1458 499 1485">Interviews with Residents</p> <p data-bbox="240 1514 464 1541">Analysis/Reasoning:</p> <p data-bbox="240 1570 1485 1843">The Auditor conducted formal interviews with randomly selected and specifically targeted staff at the Dart Center. Each staff member was asked if they were required to report any and all knowledge, suspicion or information related to sexual abuse or sexual harassment. The Auditor was informed staff are required to report the information immediately to a supervisor. The Auditor asked each staff member if they were required to report knowledge, suspicion or information related to retaliation, staff neglect or a violation of duties which may have contributed to sexual abuse or sexual harassment. All staff informed the Auditor they were required to report such. Staff informed the Auditor they were required to document such allegations on a written report. Staff informed the Auditor they submit incident reports promptly after an allegation.</p> <p data-bbox="240 1872 1485 2033">During interviews with staff the Auditor questioned staff to gain an understanding of staff's ability to maintain confidentiality with any reported information obtained related to sexual abuse or sexual harassment. The Auditor asked staff to explain who they report or discuss details of a sexual abuse or sexual harassment allegation with. Staff informed the Auditor they only discuss details with supervisors, medical/mental health practitioners and investigators. Staff understands the agency policy requiring them to discuss information with those who can inform treatment, medical and housing decisions.</p> <p data-bbox="240 2063 1457 2157">The Auditor conducted formal interviews with medical and mental health practitioners. The practitioners were asked if medical and mental health personnel are required to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident of sexual</p>

abuse. The Auditor was informed they are required to report such immediately. The Auditor asked how they would report the information. The practitioners informed the Auditor they immediately report the information to their supervisor and the PREA Compliance Manager. Practitioners stated they are required to submit a written report following the notification. Medical and mental health practitioners stated they are required to inform residents of their duty to report and the limitations on confidentiality at the initiation of services. Residents are provided a consent form at the initiation of services.

The Auditor asked who medical and mental health practitioners report information related to a sexual victimization that occurred in a community setting to. Medical and mental health practitioners do not report community victimization without obtaining written informed consent from the resident. The Auditor asked if there has been a situation where medical or mental health had to report sexual victimization that occurred in a community setting. The Auditor was informed there has not been a need to report such information. Medical and mental health practitioners informed the Auditor they are mandatory reporters for youthful residents and of victimization that occurred in a confinement setting. The facility does not house youthful residents.

The Auditor conducted formal interviews with the facility investigator. The Auditor asked the investigator if she has conducted investigations of allegations that were reported by third parties. The investigator has not conducted such investigations. The Auditor asked if the investigator has conducted investigations that were made anonymously. The facility investigator has not conducted investigations into allegations that were reported anonymously. The investigator informed she conducts an investigation into all allegations to the fullest extent. The investigator was asked if she attempts to discover if staff actions or lack thereof, contributed to an incident of sexual abuse. The Auditor was informed the investigator does attempt

such. If the investigator discovers staff actions may have contributed to an incident she defers to management so disciplinary measures can take place (if determined) and local law enforcement notified, if warranted.

The Auditor reviewed the most recent investigative report submitted by the investigator. The sexual harassment allegation was made in January 2020. The investigative report included a written report in which staff reported the allegation immediately after learning of the alleged allegation. There have been no allegations of sexual abuse made at the facility during this audit cycle.

The Auditor conducted formal interviews with randomly selected and specifically targeted residents. Each resident was asked if they were confident in staff's ability to maintain confidentiality of an allegation of sexual abuse after learning of a reported incident. Each resident stated staff are professional and they feel staff would maintain confidentiality with the information obtained through an allegation of sexual abuse or sexual harassment.

The Auditor reviewed agency training curriculum. Training curriculum for staff, volunteers and contractors includes reporting of sexual abuse and sexual harassment allegations. Each is required to receive training on an annual basis and sign receipt for such on an annual basis. The Auditor verified through training records each staff member and contractor had received training and read the policies how to report sexual abuse and sexual harassment information.

The Auditor did not conduct an interview with a facility volunteer as volunteer services have been suspended since the onset of COVID-19. There have been no volunteer services performed in the facility during the previous 12 months.

Conclusion:

The Auditor concluded staff and contractors are aware of the NCDPS requirement to report any knowledge, suspicion or information related to sexual abuse and sexual harassment. Staff understands the requirement to maintain confidentiality with the information obtained by an allegation. Interviews with a medical and mental health practitioners revealed practitioners understand the requirement for reporting sexual abuse that occurred in a community setting and for youthful residents. The Auditor reviewed agency policies, procedures, training curriculum, investigative report and conducted interviews with staff, contractors, and residents to determine the facility meets the requirements of this standard.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1474 365">Agency policy requires staff take immediate actions to protect a resident after learning a resident is at substantial risk of imminent sexual abuse. The Dart Center's Coordinated Response Plan requires, "When staff learns that an inmate/resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/resident."</p> <p data-bbox="240 394 488 423">Evidence Relied Upon:</p> <p data-bbox="240 452 1023 481">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 18</p> <p data-bbox="240 510 1102 539">Facility SOP - .1200 Community-Based Facility Sexual Abuse and Harassment, pg. 13</p> <p data-bbox="240 568 647 598">Dart Center Coordinated Response Plan</p> <p data-bbox="240 627 421 656">HRV/HRA Report</p> <p data-bbox="240 685 445 714">Interviews with Staff</p> <p data-bbox="240 743 497 772">Interviews with Residents</p> <p data-bbox="240 801 376 831">Observations</p> <p data-bbox="240 860 464 889">Analysis/Reasoning:</p> <p data-bbox="240 918 1426 1012">The facility reported there were no instances in the previous 12 months where facility personnel learned a resident was identified at a substantial risk of imminent sexual abuse. There was no resident who alleged an imminent risk of sexual abuse in the previous 12 months.</p> <p data-bbox="240 1041 1481 1402">The Auditor conducted formal interviews with supervisory level personnel. Supervisors were asked to explain what steps are taken to protect a resident after learning the resident is at a substantial risk of imminent sexual abuse. The Auditor was informed the potential victim and potential aggressor would be immediately separated from one another. The facility investigator would immediately be notified so an investigation could begin to determine the level of risk to the resident. If there was no specific alleged aggressor the resident would be placed in another housing unit. Any resident who commits an act of sexual abuse against another resident is removed from the drug treatment program and sent to another facility. The Auditor conducted formal interviews with randomly selected staff. Each was asked what steps they would take after learning a resident was at imminent risk of substantial sexual abuse. Each informed the Auditor they would immediately notify their supervisor and stay with the at risk resident.</p> <p data-bbox="240 1431 1481 1559">The Auditor conducted formal interviews with randomly selected and specifically targeted residents. The Auditor asked each if he/she felt safe in the facility. Each resident interviewed stated they felt safe in the facility. The Auditor asked each if they felt confident in staff's ability to maintain their safety. Each resident interviewed are confident in staff's ability to maintain their safety in the facility.</p> <p data-bbox="240 1588 1481 1984">The Auditor conducted an interview with the Facility Manager. The Facility Manager was asked how the facility ensures the safety of a resident who alleges an imminent risk of sexual abuse. The Facility Manager stated the resident would be removed from contact with the potential abuser and an investigation would take place. Either the at risk resident or the alleged aggressor would be reassigned to another housing unit. The facility would review programs, work and education assignments to ensure the residents did not have contact with one another. If the facility determines the resident cannot be housed safely at the facility either the potential aggressor or potential victim would be recommended for transfer to another facility. If the resident is at risk by a staff member, the facility would reassign the staff member to remove the staff member from contact with the resident pending the results of an investigation. The Facility Manager stated the facility does not have a restrictive housing unit. The Auditor was informed the facility maintains a report that includes all residents who have been identified at potential risk of victimization and those at potential risk of abusiveness. The facility ensures they are not housed together.</p> <p data-bbox="240 2013 1449 2141">The facility maintains a report that identifies potential victims and potential abusers. Information from the risk screening is used to identify such residents. Residents identified as potential abusers are housed separately from those identified as potential victims. Potential victims are housed on the opposite housing unit from potential abusers. A list is maintained for each housing unit.</p>

The Auditor participated in a detailed tour of the Dart Center. The Auditor observed multiple housing units that provide an opportunity to ensure residents who are identified at a substantial risk of imminent sexual abuse could be housed safely from a potential aggressor without requiring the resident be placed in involuntary segregation. The facility has the ability to transfer residents to another facility if the resident could not be housed safely. A review team will review the resident's status to determine if the resident no longer meets the criteria of the drug treatment program.

The facility received no allegations of sexual abuse or allegations of substantial risk of sexual abuse in the previous 12 months.

Conclusion:

The Auditor concluded the Dart Center takes immediate and appropriate actions to ensure the protection of residents who are identified at a substantial risk of imminent sexual abuse. The Auditor reviewed agency policy, procedures, HRS/HRV Report, conducted interviews with staff, residents, made observations and determined the Dart Center meets the requirements of this standard.

115.263	Reporting to other confinement facilities
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1484 465">The North Carolina Department of Public Safety requires the head of the facility who receives an allegation that a resident was sexually abused while confined at another facility notify the head of the facility or appropriate office of the facility where the alleged abuse occurred. The NCDPS requires the notification occur as soon as possible, but no later than 72 hours after receiving the allegation. The agency requires the facility head document the notification by completing a memorandum to file and uploading it into the correspondence tracking system. Agency policy requires upon receiving an allegation of sexual abuse from another facility the agency head who receives the notification will ensure the allegation is investigated.</p> <p data-bbox="242 497 488 526">Evidence Relied Upon:</p> <p data-bbox="242 555 1023 584">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 18</p> <p data-bbox="242 611 1102 640">Facility SOP - .1200 Community-Based Facility Sexual Abuse and Harassment, pg. 13</p> <p data-bbox="242 667 446 696">Interviews with Staff</p> <p data-bbox="242 723 466 752">Analysis/Reasoning:</p> <p data-bbox="242 781 1489 875">The Dart Center reported there was no allegation received that a resident had allegedly been sexually abused while confined at another facility. The facility has received no notifications from another facility that a former Dart Center resident alleged sexual abuse while incarcerated at the Dart Center.</p> <p data-bbox="242 904 1466 1167">The Auditor conducted formal interviews with Dart Center staff. Each staff member was asked what actions they take if a resident alleges to have been sexual abused while confined at another facility. Each staff member stated they would immediately report the allegation to their supervisor and submit an Incident Report including the details of the allegation as reported to them. The Auditor asked facility supervisors what their actions would be after receiving such information. The Auditor was informed the agency investigator and PCM would immediately be notified. The investigator stated she would be required to conduct an investigation into the allegation.</p> <p data-bbox="242 1196 1492 1561">The Auditor conducted a formal interview with the Facility Manager. The Facility Manager explained he notifies other facilities after receiving an allegation that a resident alleges suffering sexual abuse at another facility. The Facility Manager calls the other facility and follows the call with an email. The Facility Manager informed the Auditor all allegations are input into the OPUS once received. The OPUS automatically generates an Incident Number. The PREA Office and select staff at facilities can access data in the OPUS to include details of the incident and Incident Number. When asked when the notification would occur the Facility Manager stated it is reported as soon as the facility receives the allegation. The Facility Manager is aware he has to make the notification within 72 hours upon receipt of the allegation. The Auditor asked the Facility Manager to explain what takes place when the facility receives notification from another facility that a former Dart Center resident has alleged suffering sexual abuse while housed at the Dart Center. The Facility Manager would assign an investigator to investigate the allegation.</p> <p data-bbox="242 1590 1489 1751">The Facility Manager and PREA Compliance Manager explained there has not been an instance where the Facility Manager has had to notify another facility and have not received a notice from another facility during this audit cycle. The Auditor discussed notification requirements of this standard with the Facility Manager. The Auditor and Facility Manager discussed ways to comply with the provisions of this standard in his absence.</p> <p data-bbox="242 1780 375 1809">Conclusion:</p> <p data-bbox="242 1839 1469 1933">The Auditor reviewed agency policies, procedures, and conducted interviews with agency staff and determined the facility has appropriate procedures in place to comply with this standard. The Auditor determined the facility meets the requirements of this standard.</p>

115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The agency has a policy that requires the first security staff member who learns of an alleged sexual abuse incident will perform the following steps:</p> <ul style="list-style-type: none"> • Take necessary steps to separate the alleged victim and abuser; • Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; • If the abuse occurred within a time period that still allows for the collection of physical evidence, request the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and • If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p>NCDPS policy requires if the first responder who is not a security staff member, the responder will be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Facility policy requires the alleged victim be advised not to shower or otherwise clean themselves, or if the act was oral, to not drink, eat, brush their teeth or otherwise take any action that could damage or destroy evidence. Facility staff are required to separate the alleged victim and alleged abuser, secure the crime scene and potential evidence shall remain in place for law enforcement examination and investigation. The facility's Coordinated Response Plan stipulates the only persons allowed to enter the crime scene are law enforcement, investigator, or medical staff as needed.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 19-20</p> <p>Facility SOP - .1200 Community-Based Facility Sexual Abuse and Harassment, pg. 3-4</p> <p>Dart Center Coordinated Response Plan</p> <p>Training Records</p> <p>Interviews with Security First Responders</p> <p>Interviews with Non-Security First Responders</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted interviews with security and non-security staff first responders. All security first responders were asked to explain the actions they take when responding to a sexual abuse incident. First responders stated they would maintain separation of the victim and abuser and immediately notify a supervisor. Staff stated they would request the victim and ensure the abuser not shower, eat, use the restroom, brush their teeth, drink or take any actions that could destroy physical evidence. The Auditor asked each what action they take regarding the crime scene. Staff stated they ensure the crime scene is secured or a staff member was posted to keep anyone from entering the area. The Auditor asked each who would be allowed to enter the crime scene to process the evidence. Staff understand the police department investigator would process evidence from the crime scene and medical staff could enter to treat a victim if needed.</p> <p>Each staff member interviewed by the Auditor was asked how they preserve evidence of a crime scene. Staff informed the Auditor they would remain in the area until staff responders secure the area. A staff member would remain at the crime scene until the evidence was collected from the crime scene. Staff stated the population would be locked down or moved to another area following an incident until the evidence could be processed. The Auditor asked how they document their actions. Each staff member stated they are required to submit a written report and required to complete the Incident Scene Tracking Log.</p> <p>The Auditor reviewed the Dart Center Coordinated Response Plan. The Coordinated Response Plan includes first responders duties following an incident of sexual abuse. The Auditor observed the following required actions:</p> <ul style="list-style-type: none"> • Take immediate action to protect the resident; • Ensure the alleged victim is safe by separation from the alleged abuser; • Do not leave the victim alone until properly relieved;

- Ensure alleged victim and abuser receive medical treatment if applicable;
- Secure the crime scene until properly relieved;
- Preserve and protect the crime scene until appropriate steps can be taken to collect any evidence;
- If the abuse occurred within a time period that allows for the collection of physical evidence, request the alleged victim not to take any actions that might destroy physical evidence, such as brushing teeth, urinating or defecating, smoking, showering, changing clothes, or eating and drinking;
- If the abuse occurred within a time period that allows for the collection of physical evidence, ensure alleged abuser not to take any actions that might destroy physical evidence, such as brushing teeth, urinating or defecating, smoking, showering, changing clothes, or eating and drinking; and
- Notify the OIC/Senior Person in Charge or immediate supervisor as soon as possible.

The Dart Center Coordinated Response plan directs non-security staff first responders request the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The Auditor reviewed the agency's training records. Training curriculum includes first responder duties of both security and non-security personnel. The Auditor observed all staff and contractors have been trained to appropriately respond to incidents of sexual abuse.

The Auditor conducted formal interviews with non-security first responders. Non-security first responders informed the Auditor they have received training by the agency to respond to incidents of sexual abuse. The Auditor asked each what actions they would take if they discovered a resident had been sexually abused. Each informed the Auditor they would remain with the resident and immediately notify a supervisor. Each was asked if they would be required to write a report regarding their knowledge and actions in response to the information. Each stated they are required to document such. The Auditor asked how they ensure any evidence would be protected. Each non-security first responder stated they would ask the resident not to take any actions that would destroy physical evidence. The Auditor asked each what actions would destroy evidence. The Auditor was informed brushing teeth, using the bathroom, bathing, smoking, eating and drinking could potentially destroy physical evidence.

The Auditor conducted formal interviews with medical practitioners. The practitioners understand how to treat a resident while preserving physical evidence. The Auditor was informed medical staff immediately treat any life threatening injuries. If the victim has no life threatening injuries medical personnel collect the resident's vital signs and speak to the victim until transported to the hospital for a forensic examination. The Auditor was informed any clothing or other evidence removed from the victim while treating a life threatening injury would be provided to the law enforcement Investigator. The medical practitioners stated medical personnel attempt to preserve any evidence while treating the victim.

The Dart Center reported receiving no allegations of sexual abuse within the previous 12 months.

Conclusion:

The Auditor determined the facility has trained its staff in their responsibilities as a first responder to an incident of sexual abuse. Staff interviewed by the Auditor appeared proficient in their duties. The Auditor reviewed agency policies, procedures, Coordinated Response Plan, training records, interviewed staff and determined the facility meets the requirements of this standard.

115.265	Coordinated response
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1473 398">The North Carolina Department of Public Safety policy requires each facility develop a written institutional plan, consistent with the agency's plan, to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The agency has created a Coordinated Response Overview that directs the flow of response following an allegation of sexual abuse and/or sexual harassment.</p> <p data-bbox="240 434 488 461">Evidence Relied Upon:</p> <p data-bbox="240 488 1023 515">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 25</p> <p data-bbox="240 542 647 568">Dart Center Coordinated Response Plan</p> <p data-bbox="240 600 576 627">Coordinated Response Overview</p> <p data-bbox="240 658 416 685">Training Records</p> <p data-bbox="240 716 448 743">Interviews with Staff</p> <p data-bbox="240 775 496 801">Interviews with Residents</p> <p data-bbox="240 833 464 860">Analysis/Reasoning:</p> <p data-bbox="240 891 1445 949">The Dart Center has developed a written Coordinated Response Plan. The Coordinated Response Plan includes actions required of the following personnel:</p> <ul data-bbox="280 1003 619 1227" style="list-style-type: none"> • First Responders • Medical Practitioners • Investigators • PREA Compliance Manager • PREA Support Person • Sexual Abuse Response Team • Mental Health Practitioners <p data-bbox="240 1258 1493 1451">The agency has created a Coordinated Response Overview that dictates the actions of agency staff following an allegation of sexual abuse. The Coordinated Response Overview is formatted as a Swim Lane Diagram. The overview begins with the allegation. If the allegation is sexual abuse or sexual harassment, the staff follow the arrow to the next step. Each step in the flow directs staff to their next required action. Each "bubble" has a "yes" and "no" arrow. Staff follow the arrow of the "yes" or "no" response. The Coordinated Response Overview is in handout form and serves as a quick reference guide to personnel. The overview states:</p> <ul data-bbox="280 1505 1457 1697" style="list-style-type: none"> • "The purpose of the NCDPS Sexual Abuse and Sexual Harassment Coordinated Response Process is to provide a review based on essential roles in responding to an allegation. This process aids facilities, centers, and community confinement locations or others to capture required actions to be completed during the response, investigation, and conclusion of a PREA (SAH) allegation. It provides the tasks required of the First Responder and concludes with required tasks by Investigators, PREA Compliance Manager (PCM), PREA Support Persons (PSP), and Administrators/ Directors throughout the process." <p data-bbox="240 1729 1457 1787">The agency's Coordinated Response Overview includes the staff's duty to report and avenues of reporting allegation. The following ways to report are included on the overview:</p> <ul data-bbox="280 1841 1134 2033" style="list-style-type: none"> • Facility, Center, or Judicial District Office • Facility or Division Administrator, Center Director • Supervisor, Officer-in-Charge or Senior Person-in-Charge • Your agency contact • PREA Office at (email address provided) • Fraud, Waste, Abuse and Misconduct Reporting Hotline toll free (number provided) <p data-bbox="240 2065 1414 2154">The Auditor conducted formal interviews with staff listed in the facility Coordinated Response Plan. Each were asked questions related to their specific duties in response to a sexual abuse incident. Each person interviewed was knowledgeable regarding their specific duties as required in the Dart Center Coordinated Response Plan. The Auditor</p>

determined the facility has prepared its staff to take appropriate actions in response to an incident of sexual abuse. The agency's training includes elements of its Coordinated Response Plan. The Auditor verified all facility personnel and contractors had received the training.

The Auditor conducted formal interviews with residents. Residents were asked if they feel safe in the facility. Each stated they do feel safe in the facility. Residents were asked if they are confident in staff's abilities to respond to incidents of sexual abuse. Each resident interviewed stated they are confident in staff's abilities to respond to incidents and ensure their protection. The Auditor asked each resident if they had ever heard of or seen an incident of sexual abuse occurring at the facility. Each resident stated they have not seen or heard of an incident of sexual abuse occurring at the facility.

The facility received no allegation that required staff follow the actions in the Coordinated Response Plan. Through interviews, the Auditor determined line staff understands they are required to immediately ensure the safety of each resident who alleges sexual abuse, secure the crime scene, notify the OIC, and seek medical attention for the victim and abuser.

Conclusion:

The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and trained its personnel to follow the plan. Based on a review of agency policies, procedures, Coordinated Response Plan, Coordinated Response Overview, training records, and interviews with staff and residents, the Auditor determined the Dart Center meets the requirements of this standard.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 197 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 347">The North Carolina Department of Public Safety has not entered into an agreement with any agency for collective bargaining at the Dart Center.</p> <p data-bbox="231 347 1508 414">Evidence Relied Upon:</p> <p data-bbox="231 414 1508 481">Interviews with Staff</p> <p data-bbox="231 481 1508 548">Analysis/Reasoning:</p> <p data-bbox="231 548 1508 660">The North Carolina Department of Public Safety has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p data-bbox="231 660 1508 884">The Auditor conducted a formal interview with the Facility Manager. The Facility Manager was asked what happens when a resident alleges sexual abuse against a staff member. The Facility Manager stated he immediately removes the staff member from contact with the resident pending the outcome of the investigation. The staff member may be reassigned to another post or placed on administrative leave pending the results of the investigation.</p> <p data-bbox="231 884 1508 974">Interviews with staff reveal they do not participate with or are members of any organization or agency responsible for collective bargaining on their behalf.</p> <p data-bbox="231 974 1508 1041">Conclusion:</p> <p data-bbox="231 1041 1508 1142">The Auditor concluded the NCDPS has not entered into any collective bargaining that would restrict its ability to remove staff sexual abusers from contact with residents. The Auditor interviewed staff and determined the facility meets the requirements of this standard.</p>

115.267	Agency protection against retaliation
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 365">The North Carolina Department of Public Safety has policies to protect staff and residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The policy requires facilities take the following but not limited to protection measures:</p> <ul data-bbox="282 418 925 544" style="list-style-type: none"> • Housing changes • Transfers • Removal of alleged staff or residents from contact with victims • Emotional support services <p data-bbox="240 575 1469 768">Agency policy requires the PREA Support Person monitor the conduct and treatment of the victim and the resident who either reported an allegation or cooperated with an investigation into sexual abuse or sexual harassment. The PREA Compliance Manager is responsible for monitoring for retaliation against a staff member that either reported or cooperated with a sexual abuse or sexual harassment investigation. The PSP is responsible to monitor the conduct and treatment of residents for retaliation for at least 90 days following the report to determine if there are changes that may suggest possible retaliation by residents or staff.</p> <p data-bbox="240 799 1445 925">Monitoring of a resident or staff member is required to continue beyond 90 days if the initial monitoring indicates a continuing need. The monitor is required by policy to conduct periodic status checks while monitoring a resident. The Retaliation Monitor is not required by NCDPS policy to continue monitoring a resident or staff member if the investigation determines the allegation as unfounded and approved by the facility head.</p> <p data-bbox="240 956 1481 1019">NCDPS policy requires retaliation monitoring of any other individual who cooperates with an investigation of sexual abuse or sexual harassment. Staff are required to take appropriate measures to protect residents against retaliation.</p> <p data-bbox="240 1050 1474 1211">The facility's policy requires the PREA Support Person conduct monitoring of residents for acts of retaliation for those who reported or cooperated with a sexual abuse or sexual harassment investigation. The PSP is required to monitor for at least 90 days from the initial report date. If the facility determines a continuing need, the PSP is required to continue monitoring beyond 90 days. The PSP may terminate monitoring if the allegation is determined as unfounded or if the person leaves the agency's custody.</p> <p data-bbox="240 1243 488 1270">Evidence Relied Upon:</p> <p data-bbox="240 1301 1023 1328">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 22</p> <p data-bbox="240 1359 1114 1386">Facility SOP - .1200 Community-Based Facility Sexual Abuse & Harassment, pg. 14-15</p> <p data-bbox="240 1417 903 1444">OPA-I22 PREA Sexual Abuse and Harassment Retaliation Report</p> <p data-bbox="240 1476 1070 1503">OPA-I24 PREA Offender/Juvenile Retaliation Monitoring and Period Status Checks</p> <p data-bbox="240 1534 416 1561">Training Records</p> <p data-bbox="240 1592 576 1619">Interview with Retaliation Monitor</p> <p data-bbox="240 1650 499 1677">Interviews with Residents</p> <p data-bbox="240 1709 464 1736">Analysis/Reasoning:</p> <p data-bbox="240 1767 1474 2085">The NCDPS has an appropriate policy to ensure residents and staff are monitored and protected from acts of retaliation by staff or other residents. The Dart Center has designated the PREA Compliance Manager responsible for monitoring for acts of retaliation against staff and the PREA Support Person responsible for monitoring acts of retaliation against residents. The Auditor conducted a formal interview with a facility PREA Support Person. The Auditor asked the PSP to explain how retaliation monitoring is conducted at the facility. The retaliation monitor explained he reviews disciplinary charges, housing changes, program changes, grievances, Incident Reports, classification actions, and any other documents that may be relevant to the monitoring. The Auditor asked if he initiates contact with the resident being monitored. The monitor stated he initiates meetings with the person being monitored. The PCM reviews staff evaluations, shift rosters, and post assignments when monitoring staff for retaliation.</p> <p data-bbox="240 2116 1433 2143">The Auditor asked the monitor how often meetings with the resident occur. The Auditor was informed he meets with the</p>

resident at least every 30 days. The PSP continues to informally meet with the resident while touring the facility. Informal meetings occur between the 30 day meetings. The monitor explained some residents may require more frequent meetings than

others. The Auditor asked the PSP if he would stop monitoring if the resident requested him to do so. The monitor stated he would not stop monitoring until at least 90 days have expired.

The retaliation monitor was asked how he is notified when a resident requires monitoring. He is informed by the PREA Compliance Manager following an allegation. The Auditor asked what actions are taken to ensure the protection of a resident being monitored. The Auditor was informed housing, program, education and work changes would be made. The PSP would recommend post or shift assignment changes if he discovered a staff member is retaliating against a resident. The PSP consults with leadership when determining a staff member may be retaliating against a resident. The Auditor asked if the facility was currently monitoring any residents or staff for retaliation. The PSP stated he was not currently monitoring any residents at the time of the audit. The PCM was not currently monitoring any staff member for retaliation. A review of training records reveal the facility has one staff member trained as PREA Support Person.

The Auditor asked how the PSP ensures residents are monitored when transferred. The PSP stated all allegations are included in the OPUS Incident Reporting System so the PSP can view the information at other facilities. The PSP stated he makes a telephone call and emails the PSP at the resident's new facility to ensure the monitoring continues. The PSP stated he continues monitoring a resident if a resident is transported to the Dart Center while being monitored at another facility.

The agency has created an OPA-124 form that requires the PSP document each periodic status check with the alleged victim. The

form includes a comment section where the PSP documents findings when meeting with the alleged victim. The form requires the PSP document whether retaliation was or was not found. The form includes instructions for the PSP. The instructions documented on the form include:

- Upon notification of a sexual abuse or sexual harassment allegation, the assigned PSP will initiate monitoring of the alleged victim, the offender or juvenile that reported the allegation or cooperated with officials during the investigation;
- Monitoring will continue for a minimum of 90 days, or beyond 90 days if the initial monitoring indicated a continuing need;
- Termination of monitoring prior to minimum of 90 days requires: the allegation to be determined unfounded; and approval by facility head to terminate monitoring;
- Document periodic status checks on this form; and
- Upon completion of the monitoring period, the PSP will conduct a final status check and review for retaliation. The results will be documented on the form.

Form OPA-122 PREA Sexual Abuse and Harassment Retaliation Report is completed by the PREA Compliance Manager while monitoring staff for retaliation.

The facility has received no allegations of sexual abuse or sexual harassment during the previous 12 months. There have been no allegations of retaliation at the facility during the past 12 months.

Conclusion:

The Auditor determined the agency has appropriate policies and practices in place to ensure staff and residents are protected from retaliation. The Auditor reviewed the NCDPS policies, procedures, forms, conducted interviews with staff and determined the facility meets the requirements of this standard.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1484 398">The North Carolina Department of Public Safety conducts administrative investigations in it's facilities. Policy requires sexual abuse and sexual harassment investigations be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The NCDPS requires its investigators receive specialized training to conduct sexual abuse investigations in confinement facilities.</p> <p data-bbox="240 432 1493 656">Agency PREA investigators are required by policy to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Policy prohibits any staff, other than law enforcement, investigators and medical staff from entering a crime scene. When investigators determine the quality of evidence appears to support criminal prosecution, the investigator is required to contact and consult with local law enforcement as to whether further compelled interviews may be an obstacle for subsequent prosecution.</p> <p data-bbox="240 689 1469 817">The agency requires investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not determine credibility by the person's status as an offender or staff member alone. Agency PREA investigators are prohibited from requiring an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegation.</p> <p data-bbox="240 851 1484 978">The agency requires investigations include an effort to determine whether staff actions or failures to act contributed to abuse and document findings in a written report that includes a description of physical and testimonial evidence, the reason behind credibility assessments and investigative facts and findings. Agency PREA Investigators refer substantiated allegations of conduct that appear to be criminal to local law enforcement for prosecution.</p> <p data-bbox="240 1012 1453 1099">The NCDPS requires the departure of an alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The agency requires all written reports associated with claims of sexual abuse are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p data-bbox="240 1133 488 1160">Evidence Relied Upon:</p> <p data-bbox="240 1193 1054 1220">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 25-29</p> <p data-bbox="240 1252 1137 1279">Facility SOP - .1200 Community-Based Facility Sexual Abuse and Harassment, pg. 17-20</p> <p data-bbox="240 1310 651 1337">Dart Center Coordinated Response Plan</p> <p data-bbox="240 1368 416 1395">Training Records</p> <p data-bbox="240 1426 448 1453">Investigative Record</p> <p data-bbox="240 1485 504 1512">Interview with Investigator</p> <p data-bbox="240 1545 464 1572">Analysis/Reasoning:</p> <p data-bbox="240 1606 1469 1883">The Auditor conducted a formal interview with the facility investigator. The PREA investigator discussed the procedures utilized when conducting sexual abuse investigations. The process starts by interviewing the alleged victim. During the investigation she interviews the alleged victim, perpetrator and all witnesses, including staff witnesses. The Auditor asked the investigator what information she reviews during the investigation. The Investigator stated she reviews criminal records, institutional history, grievances, discipline history, Incident Reports, Request Forms, telephone records, video footage, previous complaints and any other relevant information. The investigator was asked how she determines the credibility of a victim, abuser and witnesses. The Auditor was informed credibility is based on a review of documents, information, phone records, video evidence, statements made during interviews and the behaviors displayed during the interview and subsequent interviews.</p> <p data-bbox="240 1917 1493 2141">The investigator was asked if she attempts to determine if staff actions or failure to act may have contributed to an incident of sexual abuse. The Investigator stated she does attempt to determine if staff actions or lack thereof contributed to the incident. The Auditor asked the investigator what types of evidence she attempts to gather. The Auditor was informed she gathers staff reports, housing records, log books, telephone records, grievances, discipline records, testimonial evidence, previous complaints, physical evidence and any other relevant documents or information. The Investigator was asked when she begins investigative efforts. The Auditor was informed investigations begin as soon as the allegation is received. If an allegation occurs during the investigator's off hours, the investigator reports to the facility to begin investigatory</p>

efforts.

The Auditor toured the area where investigative records are maintained. The investigator maintains all investigative documents and reports in her locked office. All information related to investigations is input into the OPUS for compiling data. The electronic system is accessible to the agency's PREA Office. The Auditor asked the investigator how long she maintains investigative records. The Auditor was informed the data is maintained for at least 5 years after the abuser has either been released or is no longer employed by the NCDPS. The Investigator was asked if she requires the victim to submit to a polygraph examination. The Auditor was informed the facility does not polygraph alleged victims or use any other truth telling device.

Investigative records are forwarded to the PREA Compliance Manager. Any information forwarded to the PCM is maintained in the PCM's locked office. The PCM maintains those records for a minimum of five years after the abuser has been released or no longer employed by the agency. All electronically maintained information is maintained on computers and accessible by individual usernames and passwords.

The Auditor asked the investigator if she conducts an investigation when an allegation is reported anonymously or by third-party.

The Investigator stated she conducts an investigation no matter how the allegation is made. When asked how the investigator

would conduct those types of investigations the Auditor was informed she attempts to investigate every allegation to a conclusion. The investigator was asked to explain the investigative process if a resident is released or a staff member terminates employment. The Investigator coordinates with local law enforcement as facility investigators do not have the authority to investigate in the community. The Investigator coordinates with other facilities if a resident is transferred to another facility.

The Auditor discussed the criminal investigative process in the facility. The Investigator was asked to explain her role when local law enforcement conducts investigations in the facility. The Investigator stated she cooperates with local law enforcement and assist when asked to do so by the Investigator. The Auditor was informed the facility has a good working relationship with the local law enforcement agency and are able to remain informed during the criminal investigation and prosecutorial efforts. The facility investigator provides all collected evidence to local law enforcement, to include written documents, telephone records and video footage.

The Auditor reviewed an investigative report of an allegation of sexual harassment that was received in January 2020. The Auditor observed evidence the facility Investigator conducted a prompt and objective investigation. The investigative report included physical, testimonial and circumstantial evidence. The investigative records included attached Incident Reports, statements and other information used as evidence. The Auditor did not observe the reason behind credibility assessments documented in the investigative report. The Auditor discussed the standard with the investigator. The investigator discussed how to document the reason behind a credibility assessment with the investigator.

The Auditor conducted a review of the NCDPS training records. Records reveal the facility PREA investigator has received specialized training to conduct sexual abuse investigations in a confinement setting. The facility has one staff member who has been

trained to conduct such investigations. The Auditor asked the facility PREA investigator what her actions are when determining

the evidence appears to support prosecution. The investigator stated the administrative investigation is immediately stopped and local law enforcement is notified. The Investigator was asked if she continues efforts after notifying law enforcement. The Auditor was informed administrative efforts would not be resumed until notified to do so by the law enforcement investigator.

The facility has a Coordinated Response Plan that includes the required actions of investigators following an allegation of sexual abuse. The plan requires, "All allegations, including third-party and anonymous reports of sexual abuse shall be investigated promptly, thoroughly, and objectively by a specially trained sexual abuse and harassment investigator." The plan requires agency Investigators cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The facility received no allegations of sexual abuse or sexual harassment during the previous 12 months. No department of justice component is responsible for conducting investigations in the Dart Center.

Conclusion:

The Auditor determined the NCDPS has appropriate policies to ensure investigations are conducted promptly, objectively and thorough. The agency trains its PREA investigators to conduct investigations in a confinement setting. The facility PREA investigator is aware all criminal allegations must be referred to the local law enforcement agency for

criminal investigation. The Auditor reviewed agency policy, procedures, training records, investigative record, Coordinated Response Plan, and interviewed staff to determine the facility meets the requirements of this standard.

The Auditor discussed the requirement of documenting the reason behind credibility assessments with the Investigator. The Investigator understands the requirement and how to document such. The Auditor determined not to place the facility into corrective action with the standard as the facility receives very little allegations. The investigator informed the Auditor she will ensure the reason behind credibility assessments is documented in any future reports.

115.272	Evidentiary standard for administrative investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1490 398">The North Carolina Department of Public Safety has a policy that imposes no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The policy states, "The agency shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, §115.72 of the national standards." The agency's policy explains:</p> <ul data-bbox="284 450 1474 611" style="list-style-type: none"> • The standard of proof used in most civil cases that requires the party bearing the burden of proof to present evidence that is more credible and convincing than the evidence presented by the other party; • This standard is satisfied if the evidence shows that it is more probable than not that an event occurred; and • Preponderance of the evidence is a lesser standard of proof than "beyond a reasonable doubt," which is required to convict in a criminal trial. <p data-bbox="242 640 488 669">Evidence Relied Upon:</p> <p data-bbox="242 698 1010 728">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 2</p> <p data-bbox="242 757 448 786">Investigative Record</p> <p data-bbox="242 815 504 844">Interview with Investigator</p> <p data-bbox="242 873 464 902">Analysis/Reasoning:</p> <p data-bbox="242 931 1490 1059">The Auditor conducted a formal interview with the facility sexual abuse investigator. The investigator informed the Auditor the agency policy requires the use of preponderance as the standard of evidence to substantiate an allegation of sexual abuse or sexual harassment. The Auditor asked the investigator what is the meaning of preponderance. The Investigator explained a preponderance means there is more evidence than not that the incident occurred.</p> <p data-bbox="242 1088 1490 1180">The Auditor reviewed an investigative record from an allegation of sexual harassment made in January 2020. A review of the investigative record reveals the facility investigator used a preponderance of evidence to support her investigative determination. The facility received no allegations of sexual abuse or sexual harassment during the previous 12 months.</p> <p data-bbox="242 1209 363 1238">Conclusion:</p> <p data-bbox="242 1267 1449 1359">The Auditor was able to determine the Investigator understands preponderance as the basis for determining investigative outcomes. The Auditor reviewed agency policies, procedures, investigative report and interviewed the facility Investigator and determined the facility meets the requirements of this standard.</p>

115.273	Reporting to residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 432">The North Carolina Department of Public Safety policy requires residents be notified whether a sexual abuse allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation. The agency requires the PREA Support Person notify the resident on form OPA-I30 Supportive Services. When a staff member has committed sexual abuse against a resident, unless the determination is unfounded, the PREA Support Person shall inform the resident whenever:</p> <ul data-bbox="282 486 1465 613" style="list-style-type: none"> • The staff member is no longer posted within the resident's unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="240 642 1474 701">When a resident has alleged sexual abuse by another resident, the PREA Support Person is required to inform the resident whenever:</p> <ul data-bbox="282 754 1479 813" style="list-style-type: none"> • The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="240 878 1422 936">The PREA Support Person's obligation to report is terminated if the resident is released from the Department of Public Safety's custody.</p> <p data-bbox="240 967 1485 1061">The Dart Center Coordinated Response Plan stipulates the PSP notify the victim of the investigation progress and document the outcomes utilizing form OPA-I30.</p> <p data-bbox="240 1093 488 1120">Evidence Relied Upon:</p> <p data-bbox="240 1151 1054 1178">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 22-23</p> <p data-bbox="240 1209 1075 1236">Facility SOP - Community-Based Facility Sexual Abuse and Harassment, pg. 15-16</p> <p data-bbox="240 1267 649 1294">Dart Center Coordinated Response Plan</p> <p data-bbox="240 1326 596 1352">OPA-I30 Supportive Services Form</p> <p data-bbox="240 1384 448 1411">Investigative Record</p> <p data-bbox="240 1442 445 1469">Interviews with Staff</p> <p data-bbox="240 1500 464 1527">Analysis/Reasoning:</p> <p data-bbox="240 1559 1465 1653">Agency policy requires the PREA Support Person make the notification to residents following an investigation. The Auditor conducted a formal interview with the facility PREA Support Person. The Auditor asked the PSP how notifications to residents</p> <p data-bbox="240 1662 1469 1778">are documented by the facility. The Auditor was informed notifications are documented on an agency form (OPA-I30) to the resident. The agency's OPA-I30 has a section that includes notification information regarding an allegation against a staff member and a section regarding an allegation against a resident. The notification form includes the information that is bulleted in the "Auditor Discussion" portion of this report.</p> <p data-bbox="240 1809 1485 2002">The Auditor asked the PSP how notification is received from law enforcement regarding criminal charges and indictments. The Investigator, Facility Manager, or PCM receives the information so proper notification can be made to the resident. The facility Investigator, Facility Manager, and PCM stated the facility has a good working relationship with the local law enforcement agency so obtaining that information is not difficult. The Auditor was informed there were no allegations referred to local law enforcement for criminal investigation.</p> <p data-bbox="240 2033 1485 2159">The Auditor reviewed the agency's OPA-I30 form. The form includes a section that requires the PSP document the notification to the resident. The Auditor reviewed the investigative record of an allegation made in January 2020. The investigative record included the agency's OPA-I30 form. The form is formatted where the PSP checks a box that informs the resident of the results of the investigation.</p>

The facility received no allegations of sexual abuse or sexual harassment in the previous 12 months.

Conclusion:

The Auditor concluded the PREA Support Person understands the requirement and the agency has appropriate procedures in place to notify residents of investigative results at the conclusion of an investigation of sexual abuse. The Auditor reviewed agency policy, procedures, OPA-I30 Form, investigative record, Coordinated Response Plan and interviewed staff to determine the agency meets the requirements of this standard.

115.276	Disciplinary sanctions for staff
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1461 398">The North Carolina Department of Public Safety staff is subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. The agency makes termination the presumptive disciplinary measure for those who have engaged in sexual abuse. Disciplinary sanctions for personnel who have not engaged in sexual abuse but have violated the facility's sexual misconduct policies are commensurate with the following:</p> <ul data-bbox="282 452 1137 544" style="list-style-type: none"> • The nature and circumstances of the acts committed; • The staff members disciplinary history; and • The sanctions imposed for comparable offenses by other staff with similar histories. <p data-bbox="240 575 1469 667">The NCDPS notifies law enforcement agencies and relevant licensing bodies when criminal violations of sexual abuse or sexual harassment are committed by staff. Any terminations or resignations by staff who would have been terminated if not for their resignation are reported, unless that activity was clearly not criminal.</p> <p data-bbox="240 698 1481 790">The agency's policy stipulates, "An employee shall not engage in sexual misconduct or harassment with an offender as outlined in the Prison's Offender Sexual Abuse and Harassment Policy, F.3400." The policy states any employee involved in such will be subject to disciplinary action up to and including dismissal.</p> <p data-bbox="240 822 488 848">Evidence Relied Upon:</p> <p data-bbox="240 880 1054 907">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 29-30</p> <p data-bbox="240 938 778 965">Agency Policy - .0200 Conduct of Employees, pg. 3-4</p> <p data-bbox="240 996 1042 1023">Facility SOP - Community-Based Facility Sexual Abuse and Harassment, pg. 20</p> <p data-bbox="240 1055 442 1081">Training Curriculum</p> <p data-bbox="240 1113 416 1140">Training Records</p> <p data-bbox="240 1171 592 1198">OPA-T10 Staff Acknowledgements</p> <p data-bbox="240 1229 446 1256">Interviews with Staff</p> <p data-bbox="240 1288 466 1314">Analysis/Reasoning:</p> <p data-bbox="240 1346 1477 1599">The Auditor conducted formal interviews with facility staff. The Auditor asked if staff were aware of the disciplinary sanctions for violating agency sexual abuse policies. Staff informed the Auditor they would be terminated for participating in an act of sexual abuse. Staff were also aware the NCDPS reports criminal violations to law enforcement agencies. The facility's leadership has a zero-tolerance approach and disciplines staff for violating the agency's sexual abuse and sexual harassment policies. Leadership interviewed by the Auditor stated any employee who violates sexual abuse and sexual harassment policies are disciplined, when warranted. Disciplinary recommendations for violating sexual harassment policies are dependent upon the circumstances of the violation. The Auditor was informed by leadership that an employee who commits and act of sexual abuse will be terminated.</p> <p data-bbox="240 1630 1477 1861">The Auditor conducted a formal interview with the facility Investigator. The Investigator informed the Auditor if the act was criminal in nature the investigator would contact the Goldsboro Police Department for a criminal investigation. The Investigator coordinates with local law enforcement and assists in their efforts when requested. The Auditor asked how an investigation is handled if an act was not criminal in nature. The Investigator continues an administrative investigation until a determination is made. The results of the investigation are shared with leadership so appropriate discipline against a staff member can be sanctioned, if warranted. The facility reported no staff member has been disciplined for a violation of sexual abuse or sexual harassment policies in the previous 12 months.</p> <p data-bbox="240 1892 1458 2085">The Auditor observed the agency and facility policy includes a provision to notify law enforcement agencies of criminal violations of sexual abuse. The policy also requires notification to relevant licensing bodies. The Auditor discussed the requirements of this standard to notify relevant licensing bodies. The Auditor was informed licensing bodies such as the Board of Nursing would be notified if a staff nurse committed an act of sexual abuse. The Certified Substance Abuse Professional Practice Board will be notified if a Substance Abuse Counselor commits an act of sexual abuse.</p> <p data-bbox="240 2116 1382 2143">The Auditor conducted a review of staff training records. Records reveal all staff have been trained in the agency's</p>

prevention, detection and response policies and procedures. Staff are required to sign the agency's OPA-T10 Staff Acknowledgement form. The form states, "You have an obligation to: (1) maintain clear boundaries with inmates/offenders/juveniles and (2) establish a relationship of authority, objectivity and professionalism. You must not allow the development of personal, unduly familiar, emotional or sexual relationships to occur with inmates/offenders/juveniles." The form reminds staff that all forms of sexual abuse and sexual harassment of inmates/offenders/juveniles are against the NCDPS policy and may be against the law. The form provides the definitions of sexual abuse and sexual harassment.

The Auditor observed the North Carolina General Statute Chapter 14-27.31 on the form. The statute states, "if a person having custody of a victim of any age or a person who is an agent or employee of any person, or institution, whether such institution is private, charitable, or governmental, having custody of a victim of any age engages in vaginal intercourse or a sexual act with such victim, the defendant is guilty of a Class E Felony."

The Auditor conducted a review of the agency's PREA: Sexual Abuse and Sexual Harassment 201 training lesson plan. The lesson plan includes a section regarding sanctions for staff. The Auditor observed the following:

- Dismissal shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse;
- Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories;
- All dismissals for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies; and
- Staff who engage in sexual relationships with offenders/juveniles will be subject to disciplinary sanctions up to and including dismissal for violating agency sexual abuse or sexual harassment policies and may be prosecuted under state and federal statutes.

The Dart Center Facility Manager has the authority to discipline staff, including suspension and termination.

Conclusion:

The Auditor determined the agency has appropriate policies and practices in place to ensure staff are disciplined for violating agency sexual abuse and sexual harassment policies. The agency makes termination the presumptive discipline measure for engaging in acts of sexual violence. The agency reports violations of sexual abuse to the local law enforcement agency and relevant licensing bodies. The Auditor reviewed agency policies, procedures, training records, training curriculum, OPA-T10, conducted interviews with staff, and determined the facility meets the requirements of this standard.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1493 432">The North Carolina Department of Public Safety has a policy which mandates contractors and volunteers who engage in sexual abuse are immediately prohibited from contact with offenders. The agency's policy requires the volunteer or contractor be reported to law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal in nature. The agency takes appropriate remedial measures and considers prohibiting further contact with offenders for violations of other agency sexual abuse or sexual harassment policies.</p> <p data-bbox="240 461 1453 521">The agency's policy is that a volunteer who violates the policies and procedures and is dismissed by a facility is no longer eligible to be a volunteer in any facility in the Division of Prisons.</p> <p data-bbox="240 551 488 577">Evidence Relied Upon:</p> <p data-bbox="240 607 1023 633">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 30</p> <p data-bbox="240 663 839 689">Agency Policy - .0604 Community Volunteer Program, pg. 9</p> <p data-bbox="240 719 1102 745">Facility SOP - .1200 Community-Based Facility Sexual Abuse and Harassment, pg. 20</p> <p data-bbox="240 775 440 801">Training Curriculum</p> <p data-bbox="240 831 416 857">Training Records</p> <p data-bbox="240 887 536 913">OPA-T10 Acknowledgements</p> <p data-bbox="240 943 488 969">Interview with Contractor</p> <p data-bbox="240 999 440 1025">Interviews with Staff</p> <p data-bbox="240 1055 464 1081">Analysis/Reasoning:</p> <p data-bbox="240 1122 1469 1384">The Dart Center reported there were no incidents in which a volunteer or contractor engaged in or was alleged to have engaged in sexual abuse or sexual harassment in the previous 12 months. The Auditor conducted formal interviews with a facility contractor. The contractor was asked what actions would be taken against them for violating sexual abuse or sexual harassment policies. The contractor informed the Auditor they would be removed from contact with residents and not allowed in the facility. The Auditor asked the contractor if she is aware the facility would report criminal violations of sexual abuse and sexual harassment to the local law enforcement agency if found to have committed the act. The contractor is aware the facility reports criminal violations of sexual abuse policies to the appropriate law enforcement agency.</p> <p data-bbox="240 1413 1485 1541">Volunteers and contractors are made aware of the NCDPS sexual abuse and sexual harassment policies during their initial training and prior to providing services in the facility. Each volunteer and contractor attends training and signs a form notating understanding and receipt of such. The Auditor verified through training records each contractor in the facility had received training and reviewed the policies.</p> <p data-bbox="240 1570 1485 1765">Each contractor signed the acknowledgement form that states, "You have an obligation to: (1) maintain clear boundaries with inmates/offenders/juveniles and (2) establish a relationship of authority, objectivity and professionalism. You must not allow the development of personal, unduly familiar, emotional or sexual relationships to occur with inmates/offenders/juveniles." The form reminds staff that all forms of sexual abuse and sexual harassment of inmates/offenders/juveniles are against the NCDPS policy and may be against the law. The form provides the definitions of sexual abuse and sexual harassment.</p> <p data-bbox="240 1794 1461 1921">The Auditor observed the North Carolina General Statute Chapter 14-27.31 on the form. The statute states, "if a person having custody of a victim of any age or a person who is an agent or employee of any person, or institution, whether such institution is private, charitable, or governmental, having custody of a victim of any age engages in vaginal intercourse or a sexual act with such victim, the defendant is guilty of a Class E Felony."</p> <p data-bbox="240 1951 1485 2145">The Dart Center leadership is aware of the requirement to notify local law enforcement following a contractor or volunteer's participation in a criminal act of sexual abuse. Leadership informed the Auditor a contractor or volunteer would be prohibited from resident contact pending the results of the investigation. The Auditor was informed the facility does not refer to local law enforcement if the act was clearly not criminal. Facility leadership was asked if a contractor or volunteer had been disciplined within the previous 12 months for violating the NCDPS sexual abuse or sexual harassment policies and procedures. The Auditor was informed no contractor or volunteer had been found in violation of those policies.</p>

The Auditor did not conduct an interview with a volunteer as volunteer services have been suspended since the onset of COVID-19.

The facility notifies the Board of Nursing when a contracted, licensed medical or mental health professional is found in violation of such policies.

Conclusion:

The NCDPS maintains appropriate policies to ensure contractors and volunteers at the Dart Center are removed from resident contact after committing an act of sexual abuse or sexual harassment of a resident. The Auditor reviewed agency and facility policies, procedures, training records, training curriculum, acknowledgement forms, conducted formal interviews with staff and contractor to determine the facility meets the requirements of this standard.

115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The agency policy allows staff to discipline a resident for participating in an act of resident-on-resident sexual abuse. Resident will not be disciplined for sexual contact with a staff member if the staff member consented to the act. Policy requires discipline sanctions only after the resident participates in a formal disciplinary hearing and the hearing committee finds evidence of guilt. The agency's policy allows staff to discipline residents for acts of sexual abuse after a criminal finding of guilt. According to facility policy, sanctions following the discipline process must consider the following:</p> <ul style="list-style-type: none"> • The nature and circumstances of the offense committed; • The offender's discipline history; and • The sanctions imposed for comparable offenses committed by other offenders with similar histories. <p>The discipline process is required to consider whether the resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. Following a substantiated incident, the resident must be offered a mental health evaluation when deemed appropriate.</p> <p>Agency policy requires facilities that offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior shall consider if resident are required to participate in interventions as a condition of access to programming or other benefits.</p> <p>Agency staff is prohibited from disciplining a resident who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation. Sexual activity between residents is prohibited within agency facilities. Any resident found to have participated in sexual activity (even consensual) is disciplined for such activity. If sexual activity between residents is found to be consensual the NCDPS personnel may not consider the sexual activity as an act of sexual abuse.</p> <p>The facility's policy states, "The agency may not discipline a resident victim for sexual contact with staff unless a finding that the staff member did not consent to such contact."</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 30-31</p> <p>Agency Policy - .0200 Inmate Disciplinary Procedures, pg. 1-3</p> <p>Facility SOP - .1200 Community-Based Facility Sexual Abuse and Harassment, pg. 20-21</p> <p>Facility SOP - .0600 Sexual Abuse and Sexual Harassment Procedure, pg. 5</p> <p>Resident Handbook</p> <p>Resident Records</p> <p>Interview with Investigator</p> <p>Interviews with Medical Practitioners</p> <p>Interview with Mental Health Practitioner</p> <p>Interviews with Residents</p> <p>Analysis/Reasoning:</p> <p>The facility provides each resident a Resident Handbook upon arrival. The Auditor conducted a review of the Resident Handbook. The handbook informs residents a violation of rules will result in discharge from the program and/or disciplinary actions through established Dart Center disciplinary procedures. In addition to other rules, the Auditor observed the following:</p> <ul style="list-style-type: none"> • No physical violence, threat of physical violence, or intimidation against any person; • No sexual acting out; • No racial, ethnic, or sexual slurs; and • No violation of any act defined as a felony by the law of the State of North Carolina or the United States <p>The Auditor conducted a formal interview with a facility investigator. The Investigator informed the Auditor disciplinary</p>

charges are placed on a resident following a substantiated administrative allegation of sexual abuse and/or following a criminal finding of guilt. The Investigator does not place disciplinary charges on an alleged abuser if the investigative determination is unfounded or unsubstantiated. The investigator was asked if charges are placed on residents if an act is consensual. The Auditor was informed disciplinary charges are placed on residents for participating in sexual activity. The Investigator explained residents who participate in a consensual sex act are not charged for a sexual abuse related offense.

The Auditor conducted formal interviews with medical and mental health practitioners. The Auditor asked what services are offered to residents. Residents are offered counseling, therapy and other intervention services. The Auditor asked if residents are required to participate in any meetings or sessions. The Auditor was informed residents are not required to participate in any medical or mental health service offered at the facility. Medical and mental health services are offered to all residents in the facility. The Auditor was informed if a resident is found to have committed an act of sexual abuse the resident would not be housed at the facility following the act of sexual abuse. The resident would be transferred to another facility.

The facility reported there were no residents disciplined for making an allegation of sexual abuse in bad faith during the previous 12 months. The Auditor discovered no evidence a resident at the facility who filed an allegation of sexual abuse in the previous 12 months had been disciplined for filing an allegation. The facility reported no allegations were referred to local law enforcement for criminal investigation. There has been no resident found guilty of a criminal charge of sexual abuse in the previous 12 months. The facility has received no allegations of sexual abuse during this audit cycle.

The Auditor conducted formal interviews with randomly selected and specifically targeted residents. No resident interviewed had filed an allegation of sexual abuse.

Conclusion:

The Auditor discovered the agency maintains policies that align with PREA standard 115.78 Discipline Sanctions for Inmates. Facility personnel ensure the policy is applied when choosing whether to discipline a resident for reporting or participating in an act of sexual abuse. The Auditor reviewed policies, procedures, resident records, Resident Handbook, and conducted interviews with staff and residents. The Auditor determined the facility meets the requirements of this standard.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 499">The North Carolina Department of Public Safety policy requires resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of treatment and services are determined by the medical and mental health practitioners according to their professional judgement. The Dart Center policy is to offer victims of sexual abuse timely information about and timely access to collection of forensic evidence, testing for sexually transmitted diseases, counseling, and prophylactic treatment. The policy requires the resident receive a medical follow-up and is offered a referral for mental health services. Dart Center policy requires prompt medical services for resident victims in need of medical assistance.</p> <p data-bbox="240 528 1473 757">The NCDPS Health Services policy includes provisions for testing for sexually transmitted diseases, prophylactic treatment, emergency contraception, counseling, mental health evaluation and crisis intervention, and emergency medical services. Policy stipulates, "If an alleged act of sexual abuse has occurred and there may be forensic medical evidence, the offender may be in need of medical assistance, or other circumstances dictate, arrangements shall be promptly made to have the alleged offender-victim examined by medical services." Security staff is required to immediately notify the appropriate medical practitioner when no medical practitioner is on duty. The Dart Center does not maintain 24-hour medical coverage.</p> <p data-bbox="240 786 1326 815">The NCDPS Clinical Practice Guidelines policy states, "All care for sexual abuse will be provided at no cost."</p> <p data-bbox="240 844 488 873">Evidence Relied Upon:</p> <p data-bbox="240 902 1023 931">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 20</p> <p data-bbox="240 960 1102 990">Facility SOP - .1200 Community-Based Facility Sexual Abuse and Harassment, pg. 14</p> <p data-bbox="240 1019 914 1048">Health Services Policy - CP-18 Clinical Practice Guidelines, pg. 1-5</p> <p data-bbox="240 1077 528 1106">Coordinated Response Plan</p> <p data-bbox="240 1135 962 1164">MOU with Wayne Uplift Domestic Violence and Sexual Assault Program</p> <p data-bbox="240 1193 600 1223">Sexual Abuse Awareness Brochure</p> <p data-bbox="240 1252 448 1281">Interviews with Staff</p> <p data-bbox="240 1310 499 1339">Interviews with Residents</p> <p data-bbox="240 1368 467 1397">Analysis/Reasoning:</p> <p data-bbox="240 1426 1485 1655">The Auditor conducted formal interviews with medical practitioners. The Auditor asked if they feel medical and mental health services offered at the facility are consistent with a community level of care. The practitioners do feel the services offered at the facility are consistent with those offered in the community. The Auditor asked if there is ever a time when no medical practitioner is on duty. The Auditor was informed the facility provides medical coverage during business hours Monday through Friday. All facility personnel are trained in CPR and first aid in the event no medical provider is on site. Medical personnel, including the physician are called during times when no medical personnel are at the facility. The facility calls 911 in the event emergency medical services are needed.</p> <p data-bbox="240 1684 1485 1877">Medical practitioners informed the Auditor residents receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Crisis intervention services are offered by the PSP, Rape Crisis Center and mental health professional. The Auditor asked if timely information and access to sexually transmitted infection prophylaxis are offered to residents who are victimized by sexual abuse. Medical practitioners stated residents do receive such when ordered by the physician. The Auditor was informed sexually transmitted infection prophylaxis is offered during the forensic examination, at the facility, and any other time the resident requests such.</p> <p data-bbox="240 1906 1485 2036">Medical practitioners were asked if residents are charged a fee for treatment services related to a sexual abuse victimization. The Auditor was informed all services related to sexual abuse victimization are free to the victim. Each resident interviewed by the Auditor was aware treatments related to sexual victimization are provided at no cost to the victim. When asked if emergency contraception is offered to victims the Auditor was informed the facility does not house female residents.</p> <p data-bbox="240 2065 1485 2157">The Auditor conducted formal interviews with facility staff. Staff informed the Auditor they are trained in life saving medical techniques in basic training. Each informed the Auditor they take immediate steps to ensure victims are protected and receive emergency medical care in the event needed. Staff immediately notify their supervisor following an incident of</p>

sexual abuse. Supervisory personnel were asked what actions they take to ensure the safety of the resident following a sexual abuse incident. The Auditor was informed the victim is immediately escorted to the medical area and treatment is provided, when appropriate.

The Auditor conducted a formal interview with a facility PREA Support Person. The PSP informed the Auditor once he is assigned to work with the victim, he notifies the victim of services that are available. The Auditor asked the PSP how quickly he is assigned. The PSP stated he is assigned immediately. The PSP is required to accompany the victim during a forensic examination, when requested. The PSP informs the victim of all available crisis intervention services, to include those available through the Rape Crisis Center.

The Auditor reviewed the facility's Coordinated Response Plan. Among other actions, the plan includes the following:

- Ensure alleged victim and abuser receives medical treatment (if applicable);
- Medical Services will follow medical protocol to include aftercare procedures;
- Document and transport to the local emergency department when appropriate;
- Provide victim access to outside community support based on policy and agency agreements; and
- Follow mental health treatment protocols.

The Coordinated Response Plan requires, "Medical Services will follow medical protocol, to include aftercare procedures per the DAC Section policies." The plan stipulates medical personnel will document and transport the resident victim to the local emergency department when appropriate for examination, emergency contraception, collection of forensic evidence, sexually transmitted infections prophylaxis, and counseling, if outside community support is available. The Coordinated Response Plan requires medical personnel to examine an alleged abuser. The PSP is required to explain services available to the victim.

The Auditor reviewed the Memorandum of Understanding with Wayne Uplift Domestic Violence and Sexual Assault Program. The memorandum stipulates the Wayne Uplift agrees to provide victim support and follow-up services for victims requesting assistance in the healing process.

The Auditor conducted formal interviews with residents. The Auditor discovered some residents were aware of crisis intervention services and others were not aware. Each was asked if they were provided a brochure. Each informed the Auditor they received written information from facility staff upon their arrival. The brochure informs residents that outside support services are available. Each resident was asked if they were aware services related to sexual abuse are free to resident victims. Each was aware those services are free. The Auditor asked residents if they have seen posted materials in the facility regarding the rape crisis center. Each resident had noticed the information on the posters.

Conclusion:

The Auditor determined the facility provides residents access to timely and unimpeded access to emergency medical services. Medical practitioners provide resident victims with sexually transmitted infections prophylaxis. The Auditor reviewed agency policies, procedures, MOU, Coordinated Response Plan, interviewed staff and residents. The Auditor determined the facility meets the requirements of this standard.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1484 365">The NCDPS policy is to offer medical and mental health evaluations and treatment services, as appropriate, to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy stipulates, as appropriate, the evaluations and treatments include the following:</p> <ul data-bbox="280 421 1437 544" style="list-style-type: none"> • Follow-up services; • Treatment plans; and • Referrals for continued care following a transfer to, or placement in, other facilities, or release from custody, when appropriate. <p data-bbox="240 573 1493 667">The NCDPS policy mandates pregnancy tests for sexually abusive vaginal penetration for female victims under the age of 65, timely and comprehensive information about lawful pregnancy-related medical services and tests for sexually transmitted infections as medically appropriate be offered to victims of sexual abuse.</p> <p data-bbox="240 696 1469 757">All medical and mental health treatment services are provided to resident victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="240 786 1430 846">Agency policy requires a mental health clinician attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate.</p> <p data-bbox="240 880 488 907">Evidence Relied Upon:</p> <p data-bbox="240 936 1023 963">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 31</p> <p data-bbox="240 992 1102 1019">Facility SOP - .1200 Community-Based Facility Sexual Abuse and Harassment, pg. 14</p> <p data-bbox="240 1048 887 1075">Health Services Policy - CC-8 Continuity of Patient Care, pg. 1-4</p> <p data-bbox="240 1104 938 1131">Health Services Policy - CP-18 Clinical Practice Guidelines, 18 pg. 3-4</p> <p data-bbox="240 1160 424 1187">Resident Records</p> <p data-bbox="240 1216 751 1243">Interviews with Medical/Mental Health Practitioners</p> <p data-bbox="240 1272 443 1299">Interviews with Staff</p> <p data-bbox="240 1332 464 1359">Analysis/Reasoning:</p> <p data-bbox="240 1391 1469 1686">The Auditor conducted a formal interview with a mental health practitioner. The mental health practitioner stated there is no stipulation on the amount of time he meets with victims of sexual abuse. Mental health practitioners meet with victims and abusers if the victim or abuser requests such meeting or if medically necessary. Treatments and evaluations occur as needed or until treatment plans determine a need no longer exists. The Auditor asked the mental health practitioner what services are offered to victims of sexual abuse. The Auditor was informed counseling sessions, referrals if appropriate and follow-up services, if needed. Mental health practitioners create and follow treatment plans. The Auditor asked the mental health practitioner if services offered at the Dart Center are consistent with a community level of care. The Auditor was informed mental health services offered at the Dart Center are consistent with community level services.</p> <p data-bbox="240 1715 1493 1944">The Auditor asked the mental health practitioner if he meets with abusers in an attempt to discover the underlying reason that cause sexual abusers to commit such acts. The medical practitioner informed the Auditor mental health practitioners attempt to conduct evaluations and treatments for such purpose. The Auditor was informed those residents are not required to participate in sessions with the mental health practitioner. The Auditor asked how long after learning a resident committed an act of resident-on-resident sexual abuse does mental health meet with the abuser. The Auditor was informed the evaluation occurs within a few days. Practitioners understand they are required to attempt an evaluation within 60 days of learning of the abuse.</p> <p data-bbox="240 1973 1493 2134">The Auditor discussed the practice of offering sexually transmitted infection prophylaxis and pregnancy tests with medical practitioners. The Auditor was informed those tests are offered at the time of the forensic examination. The medical practitioners informed the Auditor those tests are also offered by medical practitioners at the facility and any time the resident request such when ordered by the Physician. Medical practitioners at the facility do not offer pregnancy testing as the facility does not house female residents. The Auditor asked what the cost of services are for victims of sexual abuse. The Auditor</p>

was informed there are no costs for evaluations and treatments related to sexual victimization.

The Auditor conducted formal interviews with residents who had a history and/or criminal convictions of sexual abuse related crimes. The Auditor asked each if they had been offered any services from a mental health practitioner. Those residents have been offered such services. Some residents have met with a mental health practitioner while others stated they declined the services.

At the time of the audit there were no residents housed at the facility who had reported victimization that required a forensic examination, sexually transmitted infection prophylaxis, pregnancy testing or information related to such. At the time of the audit there were no residents housed who were identified as known resident on-resident sexual abusers who required an evaluation by mental health practitioners. The facility received no allegations of such during the previous 12 months.

Conclusion:

The facility's medical and mental health practitioners offer counseling, treatment, sexually transmitted infection prophylaxis and make referrals for continued care when necessary. The services provided to resident victims are consistent with a community level of care. The Auditor reviewed policies, procedures, resident records, interviewed residents and medical practitioner to determine the facility meets the requirements of this standard.

115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>It is the policy of the Dart Center to conduct a Post Incident Review (PIR) at the conclusion of every substantiated and unsubstantiated sexual abuse investigation. The incident review is required to be conducted within 30 days of the conclusion of the investigation. Policy requires the PIR be forwarded through the chain of command to the Regional Director and a copy provided to the DPS PREA Office for data collection and analysis. The agency and facility policies require the PIR is completed by:</p> <ul style="list-style-type: none"> • Upper level management officials; • Investigators; and • Medical or mental health practitioners. <p>Agency policy requires the review team consider:</p> <ul style="list-style-type: none"> • Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; • Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status, gang affiliation or was motivated or otherwise caused by other group dynamics at the facility; • Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; • Assess the adequacy of staffing levels in that area during different shifts; and • Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. <p>The review team is required to prepare a report of its findings pursuant to standards, and any recommendations for improvement and submit the report to the facility head and PREA Compliance Manager.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 24-25</p> <p>Facility SOP - .1200 Community-Based Facility Sexual Abuse and Harassment, pg. 2, 16</p> <p>PREA Post Incident Review</p> <p>Interviews with Staff</p> <p>Analysis/Reasoning:</p> <p>The facility received no sexual abuse allegations during this audit cycle.</p> <p>The Auditor conducted a formal interview with a staff member who serves on the Post Incident Review Team. The staff member discussed the process of the review team with the Auditor. The staff member explained the team reviews the investigative report and discusses the allegation. The Post Incident Review Team follows a formatted form to ensure all elements of this standard are considered. The team member stated the team does discuss recommendations for improvement and include those recommendations on the final report. The Incident Review Team Member was asked when the team meets following an investigation. The Auditor was informed the team meets within 30 days after the conclusion of the investigation. The Auditor asked if the team has met within the previous 12 months and was informed the Sexual Abuse Response Team (SART) has not had to review an incident within the previous 12 months.</p> <p>The Auditor conducted a review of the agency's PREA Post Incident Review form. The form requires the names of each team member participating in the review process. The form requires the Facility Manager's signature. The report is forwarded through the Regional Office to the PREA Office. The Auditor observed the following considerations in the PREA Post Incident Review:</p> <ul style="list-style-type: none"> • Did the allegation or investigation indicate a need to change policy or practice to better prevent, detect or respond to sexual abuse; • Was the incident or allegation motivated by race; ethnicity; gender identity; lesbian; gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or other group dynamics;

- During the assessment of the area where the incident allegedly occurred, were there any physical barriers that may have enabled sexual abuse;
- Are staffing levels in that area adequate during different shifts;
- Based upon assessment, should additional monitoring technology be deployed or augmented to supplement supervision by staff; and
- Additional comments and/or corrective actions taken.

The form states, "All recommended actions not implemented must be justified and documented."

Conclusion:

The Auditor determined the facility understands the requirement to conduct an incident review within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Post Incident Review Team documents the performance of each incident review on a formatted form. The Auditor reviewed the NCDPS policies, procedures, PREA Post Incident Review, conducted interviews with staff, and determined the facility meets the requirements of this standard.

115.287	Data collection
	<p data-bbox="240 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 239">Auditor Discussion</p> <p data-bbox="240 271 1492 465">NCDPS policy requires accurate, uniform data collection for every allegation of sexual abuse at facilities under its direct control, including private facilities with which the agency contracts for the confinement of its offenders. The incident-based data must be aggregated annually. Policy requires the collected data include, at a minimum, the data necessary to answer all questions from the most recent version of the United States Department of Justice's, Survey of Sexual Violence. After receiving the Survey of Sexual Violence, the NCDPS is required to submit the previous calendar year's data to the U. S. Department of Justice no later than June 30th.</p> <p data-bbox="240 497 1476 622">Agency policy requires all reported allegations are documented in OPUS on the PR (PREA) Incident Report within 72 hours of receiving the report. Agency policy requires facilities refer to the Regional level for final decision on investigations. The North Carolina Department of Public Safety does not contract for confinement of offenders. The NCDPS is not required to collect and aggregate data accumulated from another governmental or private facility.</p> <p data-bbox="240 654 489 683">Evidence Relied Upon:</p> <p data-bbox="240 714 1054 743">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 31-32</p> <p data-bbox="240 775 472 804">Agency Annual Report</p> <p data-bbox="240 835 408 864">Agency Website</p> <p data-bbox="240 893 509 922">Survey of Sexual Violence</p> <p data-bbox="240 954 579 983">OPUS Incident Reporting System</p> <p data-bbox="240 1014 466 1043">Analysis/Reasoning:</p> <p data-bbox="240 1072 1492 1198">The Auditor reviewed the agency's 2015 - 2020 Annual Reports published on the North Carolina Department of Public Safety website. The reports include data aggregated from January 1st through December 31st of each year. The reports were easily accessible as the agency website is simple to navigate. The data collected included definitions of sexual abuse and sexual harassment.</p> <p data-bbox="240 1229 1492 1355">The Auditor compared the data included in the agency's annual report with the Survey of Sexual Violence. The data collected is sufficient to answer all the questions on the Bureau of Justice's, Survey of Sexual Violence. The agency's PREA Coordinator completed the previous years Survey of Sexual Violence. The PREA Coordinator completes the report and submits it to the Bureau of Justice Statistics prior to June 30.</p> <p data-bbox="240 1386 1476 1543">The Auditor interviewed the PREA Compliance Manager concerning the collection of sexual abuse data in agency facilities. All data is derived from investigative reports, Incident Reports, Incident Reviews, and all supporting documents from investigative records. Data is electronically input into the OPUS Incident Reporting System. The data is maintained electronically and accessible to the PREA Office. The PREA Office is responsible for compiling and aggregating the data annually. All investigative records are maintained in the PREA Compliance Manger and Investigator's locked offices.</p> <p data-bbox="240 1574 376 1603">Conclusion:</p> <p data-bbox="240 1632 1437 1727">The Auditor observed evidence the agency is collecting and aggregating sexual abuse data annually. The reported data utilizes a standardized set of definitions. The Auditor reviewed agency policies, procedures, website, annual reports, Survey of Sexual Violence, interviewed staff and determined the facility meets the requirements of this standard.</p>

115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The North Carolina Department of Public Safety policy requires a review of collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The data review is conducted in an attempt to:</p> <ul style="list-style-type: none"> • Identify problem areas; • Take corrective action on an ongoing basis; and • Prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. <p>Policy requires the data review report include the following:</p> <ul style="list-style-type: none"> • A comparison of the current year's data and corrective actions with prior years; • Provide an assessment of the agency's progress in addressing sexual abuse; • Must be approved by the agency head; and • Must be readily available to the public through the agency's website. <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 32</p> <p>Annual Reports</p> <p>Website</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the North Carolina Department of Public Safety website. The agency maintains annual reports that include its findings and corrective actions for all agency facilities. The public can access the agency's reports through the "DPS Services" dropdown tab and then by clicking on the "Prison Rape Elimination Act" link. After opening this link the public can view each annual PREA Report that is labeled and hyperlinked. The Auditor observed reports from 2015 to 2020 on the website.</p> <p>A review of annual reports reveals the agency attempts to discover problem areas within each agency facility based on a review of data collected. The agency's annual report includes corrective actions taken by the NCDPS. The "Corrective Actions" section of the annual report identified no corrective actions made at the Dart Center in 2020. The agency's report included corrective actions made at 19 NCDPS facilities during 2020 and specifies the corrective actions made at each facility. The Auditor did not observe any problem areas or corrective actions noted at the Dart Center in the 2020 annual report. The annual report includes a comparison section that compares data from the current year with data from previous years.</p> <p>The information for the annual report is derived from information maintained in the OPUS Incident Reporting System. Corrective actions are implemented at facilities when needed as the Post Incident Review Team recommends corrective actions when warranted following the incident review. Any corrective actions taken are documented in the agency's annual report. When problem areas are discovered, the Post Incident Review Team recommends a solution to address the problem area and include the specifics in the Post Incident Review Report. The PREA Office utilizes data from the Post Incident Review Reports to include in the agency's annual report.</p> <p>The Secretary of the North Carolina Department of Public Safety approves the agency's annual report before publishing on the agency's website. The Secretary signs the annual report. The Auditor did not observe any redacted materials from any of the NCDPS published reports.</p> <p>Conclusion:</p> <p>The Auditor concluded the agency completes an annual review of collected and aggregated sexual abuse data from its facilities. The annual report addresses problem areas and corrective actions taken and is approved by the Secretary prior to publishing on the agency's website. The Auditor reviewed agency policies, procedures, website, Annual Reports and interviewed staff to determine the agency meets the requirements of this standard.</p>

115.289	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Agency policy requires sexual abuse data at facilities under its direct control is securely retained. Policy requires all aggregated sexual abuse data readily available to the public at least annually on its website. The NCDPS requires sexual abuse data is maintained for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 31-32</p> <p>Annual Reports</p> <p>Interviews with Staff</p> <p>Observations</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted an interview with the Facility Manager and PREA Compliance Manager. The facility is responsible for reporting facility data to the PREA Office through the OPUS Incident Reporting System. All facility data gathered by the PCM and investigator is maintained in their locked offices. The Auditor observed the office of the Investigator and PCM. Data reported to the PREA Office is electronically maintained in the agency's PREA Office. Information for the agency's annual report is compiled from investigative records, Incident Reviews and other supporting reports as submitted in the OPUS Incident Reporting System.</p> <p>The Auditor reviewed the agency website. The website included annual sexual abuse data collected from 2015 through 2020. There were no personal identifiers included in agency annual reports. The Auditor was informed sexual abuse and sexual harassment data is maintained by the PREA Office for a minimum of 10 years after collection. A unique username and password is required to gain access to the OPUS Incident Reporting System.</p> <p>Conclusion:</p> <p>The Auditor reviewed the agency website, annual reports, made observations and interviewed staff to determine the agency meets the requirements of this standard.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Each facility under the direct control of the North Carolina Department of Public Safety had been audited at least once during the previous three-year audit cycle. During the previous three year audit cycle, the North Carolina Department of Public Safety ensured at least one-third of its facilities were audited each year. This is the third year of the current audit cycle. During the first two years of this cycle the North Carolina Department of Public Safety ensured at least one third of its facilities were audited. The Dart Center was last audited in July 2018.</p> <p>Evidence Relied Upon:</p> <p>Previous PREA audit report</p> <p>Facility Tour</p> <p>Interactions with Staff</p> <p>Analysis/Reasoning:</p> <p>The facility conducted this audit during the third year of the current audit cycle. The Auditor was provided and reviewed the relevant policies, procedures, documents and other applicable reports to assist with rendering a decision on the facility's level of compliance with relevant standards. The Auditor reviewed a relevant sampling of documentation from the previous 12 month period. The facility allowed the Auditor to conduct formal interviews with residents and staff. Each interview was conducted in a private area of the facility. The private area was not monitored by camera and had no audio monitoring capabilities. Agency personnel provided the Auditor with a detailed tour, allowing the Auditor access to all areas in the facility.</p> <p>During the audit the facility provided additional documents that were requested by the Auditor to aid in a determination of the facility's level of compliance. The Auditor observed camera placements and observed monitors to ensure residents were not able to be viewed naked by a staff member of the opposite sex through the facility's video system. The resident population was provided an opportunity to correspond confidentially with the Auditor prior to the Auditor's arrival.</p> <p>The Auditor reviewed the agency's previous PREA audit report and observed the facility was required to make corrective actions with the following standards:</p> <ul style="list-style-type: none"> • 115.215 Limits to cross-gender viewing and searches; • 115.222 Policies to ensure referrals of allegations for investigations; • 115.231 Employee training; • 115.233 Resident education; • 115.251 Resident reporting; and • 115.253 Resident access to outside confidential support services <p>The previous Auditor was allowed access to all areas, conducted interviews with staff and residents and was provided facility documents during the previous audit. During the previous PREA audit the facility allowed residents to confidentially correspond with the Auditor.</p> <p>A letter was sent to the facility to be posted in all resident housing units in the Dart Center. The notice included an address so residents could send confidential correspondences to the Auditor. The notice was written in English and Spanish. The Auditor received no correspondences from residents prior to arriving on site. The Auditor observed the confidential correspondence notice posted in all resident housing units. The notices were posted on October 6, 2021. Residents were provided 42 days to send a confidential correspondence to the Auditor prior to the audit.</p> <p>The U.S. Department of Justice did not send a recommendation to the North Carolina Department of Public Safety for an expedited audit of the Dart Center during this audit period.</p> <p>Conclusion:</p> <p>The Auditor concluded the Dart Center meets the requirements of this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 951 297">The agency has published previous PREA Audit reports on its website.</p> <p data-bbox="244 331 488 358">Evidence Relied Upon:</p> <p data-bbox="244 387 408 414">Agency Website</p> <p data-bbox="244 443 544 470">Previous PREA Audit Reports</p> <p data-bbox="244 504 467 530">Analysis/Reasoning:</p> <p data-bbox="244 560 1493 719">The Auditor reviewed the agency website which includes a link for its previous PREA Audit reports. The reports are easily accessible through a "DPS Services" dropdown tab. After accessing the tab the public can access reports through the "Prison Rape Elimination Act" hyperlink. This page includes all PREA final reports sorted by audit cycles and years. Each audit report for all NCDPS facilities is accessible on the page. The website includes final audit reports of 38 facilities for the current audit cycle. The Dart Center was last audited in July 2018.</p> <p data-bbox="244 752 376 779">Conclusion:</p> <p data-bbox="244 808 1007 835">The Auditor determined the agency meets the requirements of this standard.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes